REPORT RESUMES

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REPORT ON THE WORKSHOP FOR TEACHERS OF VOCATIONAL NURSING
(FRESNO, APRIL 8-11, 1963).
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CALIFORNIA STATE DEPT. OF EDUCATION, SACRAMENTO
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SERVICES PROVIDED BY VOCATIONAL NURSES HAVE CHANGED SIGNIFICANTLY AND THIS HAD MADE NECESSARY CHANGES IN THE TRAINING PROGRAM. THIS WORKSHOP WAS CONDUCTED TO GIVE 93 TEACHERS OF VOCATIONAL NURSING IN CALIFORNIA AN OPPORTUNIT' TO WORK INTENSIVELY ON THE DEVELOPMENT OF APPROPRIATE MATERIALS. WESLEY P. SMITH AND HELEN K. POWERS PRESENTED KEYNOTE SPEECHES. PANEL TOPICS WERE SELECTIONS OF STUDENTS TEACHING TECHNIQUES, PROGRAM EVALUATION, AND IMPLEMENTING THE CURRICULUM. "IMPLICATIONS FOR THE FUTURE" WAS THE TOPIC OF MISS POWERS' SUMMARIZING SPEECH. (PA)

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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REPORT
on the
WORKSHOP

for
TEACHERS OF
VOCATIONAL NURSING

Fresno, April 8-11, 1963
Hotel Californian

Dedicated to

THE PURSUIT OF EXCELLENCE
IN PATIENT CARE

California State Department of Education
Bureau of Industrial Education

in cooperation with
THE CALIFORNIA STATE BOARD OF
VOCATIONAL NURSE EXAMINERS

VT 009419

INTRODUCTION

The services provided by the vocational nurse, as with any relatively new operation, have been subject to several significant changes. Adjustments have been made in the work assignments which necessitated changes in the training program.

The members and staff of the State Board of Vocational Nurse Examiners and the State Department of Education agreed that the best way to clarify and implement the training program to meet the needs of the current role of the vocational nurse would be through a workshop for the teachers of vocational nursing. This report is firm evidence of the success of the workshop.

Each of the many persons participating in the program is to be commended for her realistic contribution to the Pursuit of Excellence in Patient Care. The leadership and inspiration provided by Helen K. Powers, R.N., Chief of the Practical Nurse Education Section, Division of Vocational Education, U. S. Office of Education, permeated all sessions, both formal and informal.

The State Department of Education is even further in debt to the vocational nursing consultant, Maryellen Wood, R.N., Executive Secretary, State Board of Vocational Nurse Examiners, for her assistance in developing the program in content and personnel.

The organization and arrangements for the workshop were the responsibility of Van B. Lawrence, Regional Supervisor of Trade and Technical Education, working under the general supervision of Ernest G. Kramer, Chief of the Bureau of Industrial Education.

Richard M. Clowes
Chief, Division of
Instruction

Wesley P. Smith
Director of
Vocational Education

Ernest G. Kramer
Chief, Bureau of
Industrial Education

FOREWORD

The acceptance of the vocational nurse as a full-fledged member of the health service team is almost universal in California. This fact is most gratifying to those persons engaged in any aspect of the preparation of individuals for this field of work. All concerned are desirous of increasing this acceptance in accordance with their part in the endeavor.

In consideration of the ever-changing role of the vocational nurse the State Department of Education recognizes the need for a review, and a revision of the present program. The Department was therefore pleased to sponsor this workshop for the teachers of vocational nursing so that they could have an opportunity to work intensively on the development of appropriate materials.

Max Rafferty
Superintendent of
Public Instruction

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AGENDA

MONDAY AFTERNOON, APRIL 8, 1963

1:00-2:00 p.m.	REGISTRATION	Mezzanine
2:00-5:00 p.m.	GENERAL SESSION	Vintage Room

CHAIRMAN:
Van B. Lawrence, Regional Supervisor,
Bureau of Industrial Education
State Department of Education

GREETINGS:
Clifton H. Linville, President-Elect
California Hospital Association
Administrator, Fresno Community Hospital

Maryellen Wood, Executive Secretary
State Board of Vocational Nurse Examiners

KEYNOTE ADDRESSES:
Wesley P. Smith, Director of
Vocational Education, California
State Department of Education

Helen K. Powers, Chief, Practical
Nurse Education Section, Division
of Vocational-Technical Education
U. S. Office of Education

TUESDAY MORNING, APRIL 9, 1963

9:00-10:15 a.m.	GENERAL SESSION	Vintage Room

TOPIC: SELECTION OF STUDENTS

PANEL MEMBERS:

Lena Visintainer, Sacramento City College, Chairman
Belva Olsen, Galileo Adult School
Alice Greenough, Compton College
Lillian Auiler, Cerritos College

10:30 a.m.-12:00 noon - SECTION MEETINGS

CHAIRMEN:

Section 1	Lena Visintainer	Plantation Room
Section 2	Belva Olsen	Plaza Room
Section 3	Alice Greenough	Mardi Gras Room
Section 4	Lillian Auiler	Garden Room

RECORDERS:
(To be selected by the group in each section)

TUESDAY AFTERNOON, APRIL 9, 1963

1:30-2:45 p.m. GENERAL SESSION Vintage Room

TOPIC: TEACHING TECHNIQUES

PANEL MEMBERS:

Helen Schee, Glendale College, Chairman
Ida Meier, Santa Barbara City College
Joan Morrison, Fullerton Junior College
Ann I. Piele, Oroville Union High School

3:00-4:30 p.m. - SECTION MEETINGS

CHAIRMEN:

Section 5	Helen Schee	Plantation Room
Section 6	Joan Morrison	Vintage Room
Section 7	Ann I. Piele	Mardi Gras Room
Section 8	Ida Meier	Garden Room

RECORDERS:

(To be selected by the group in each section)

WEDNESDAY MORNING, APRIL 10, 1963

9:00-10:15 a.m. GENERAL SESSION Vintage Room

TOPIC: PROGRAM EVALUATION

CHAIRMAN: Verna C. Berens, Member, State Board of Vocational Nurse Examiners

PANEL MEMBERS:

Dr. Mitchell P. Briggs, Executive Secretary, Accrediting Commission for Senior Colleges, Western Association of Schools and Colleges

Wilma Hiatt, Bureau of Junior College Education, Consultant, California Associate in Arts Nursing Program

Sister Mary Anita, Member, State Board of Vocational Nurse Examiners, Director, St. Mary's Hospital School of Vocational Nursing, San Francisco

WEDNESDAY MORNING (continued)

10:30 a.m.-12:00 noon - SECTION MEETINGS

CHAIRMEN:

Section 9	Juanita Speaker, Shasta College	Plantation Room
Section 10	Winifred Wilson, Orange Coast College	Vintage Room
Section 11	Marion Saunders, Antelope Valley College	Mardi Gras Room
Section 12	Frances Hoogstad, Long Beach City College	Garden Room

RECORDERS:

(To be selected by the group in each section)

WEDNESDAY AFTERNOON, APRIL 10, 1963

1:30-2:45 p.m. GENERAL SESSION Vintage Room

TOPIC: IMPLEMENTING THE CURRICULUM

CHAIRMAN: Maryellen Wood, Executive Secretary, State Board of Vocational Nurse Examiners

PANEL MEMBERS:

Leonie Soubirou, Biola School of Missionary Medicine
Laura Looper, College of Marin
Evelyn Chamberlin, Mt. San Antonio College
Grace Mitts, Sacramento City College

3:00-4:30 p.m. - SECTION MEETINGS

CHAIRMEN:

Section 13	Leonie Soubirou	Plantation Room
Section 14	Laura Looper	Vintage Room
Section 15	Evelyn Chamberlin	Mardi Gras Room
Section 16	Grace Mitts	Garden Room

RECORDERS:

(To be selected by the group in each section)

WEDNESDAY EVENING, APRIL 10, 1963

6:30-7:30 p.m.	BUFFET DINNER	Vintage Room
7:30-10:00 p.m.	INFORMAL PROGRAM	

TOPIC: COMMENTS AND QUESTIONS FROM PARTICIPANTS

CHAIRMAN: Ellen Abbott, Grossmont Adult School

RESOURCE PERSONS:

Helen K. Powers
Maryellen Wood
Van B. Lawrence

THURSDAY MORNING, APRIL 11, 1963

9:00 a.m.-12:00 noon	GENERAL SESSION	Vintage Room

CHAIRMAN: Van B. Lawrence, Regional Supervisor, Bureau of Industrial Education

TOPIC: IMPLICATIONS FOR THE FUTURE - Helen K. Powers

GENERAL SESSION

Monday Afternoon - April 8, 1963

CHAIRMAN:

Van B. Lawrence
Regional Supervisor
Bureau of Industrial Education
Sacramento

GREETINGS

Clifton H. Linville, President-Elect
California Hospital Association
Administrator, Fresno Community Hospital

I bring you greetings from the California Hospital Association to encourage you, to let you know that the hospitals of California are most appreciative of the fact that there are schools creating licensed vocational nurses to assist the hospitals in carrying out their responsibility of taking care of the sick. You might think that is a rather trite comment and rather cliche but it is a very real problem in getting adequate personnel. Did you know that there are many hospitals in California that aren't open to their fullest because there are not enough personnel - registered nurses, licensed vocational nurses to give them adequate care? I can speak with considerable authority because at Fresno Community Hospital we opened a bright new 70-bed wing last June to bring our total bed count up to 299, and to this date we have only been able to open 35 of those beds. We have been unable to recruit any registered nurses whatsoever, even to be the top level of personnel. We finally are resorting to importing registered nurses from London and Liverpool, and Ireland, and so on, where (I hate to use the word "import", it sounds like some other kind of business that I would rather not be associated with, but essentially that is what it is - recruit is the word) we are recruiting 35 of them in order to provide us with a sufficient number of personnel to finally bring the complement of our hospital up to a point where we can open the final 35 beds of this 70-bed wing.

This is but part of the total problem of lack of attention on the part of hospitals and educational groups over the past 15 or 20 years as to this problem that was gradually presenting itself to us and is now in full force. I am reminded of a speech that I made not long ago to the medical staff of Fresno Community Hospital in which was recounted to them some of the changes that have taken place in the past ten years as far as staffing patterns are concerned. We are faced with the population explosion. What has happened in the past ten years has been a change in the simple ratio of number of doctors to people. The number of doctors has been gradually declining and what this gradual decline means is that they are being forced to work more and more through other people. As they work more and more through other people, they are asking the registered nurse to do more and more and more. Some of the things at which the doctor would have thrown up his hands in horror ten or fifteen years ago, as well as the director of nursing service, the nurse does now as a matter of routine. For example, at Fresno Community Hospital all registered nurses must be able to give I.V.'s as a part of their employment - that is routine for all registered nurses now, whereas ten or fifteen years ago it was not usual for registered nurses to give I.V.'s. What this means further is that more and more of the registered nurses' duties are being delegated down to the licensed vocational nurse, which gives us an increasing responsibility of being sure that the licensed vocational nurse is being trained up to a point where she can be a real helpmate and of real assistance to the registered nurse. And that, as far as hospitals are concerned, is one of the major problems that is facing us, to be sure that we have enough people properly trained so that they can competently carry out the responsibility as measured by the doctor and the registered nurse. We believe that this is going to be a continuing increase in responsibility in hospitals. There is going to be a continuing increase in the standards expected of the licensed vocational nurse, and this question of being licensed is going to be more and more important, as I commented a few moments ago. There was a decision handed down last year called the "Magit Case" which you may or may not have come across but those of us in hospitals are quite aware of the Magit Case. It was a Supreme Court decision that clearly set forth what can and cannot be done by people who are licensed and are not licensed. It was a general type of Supreme Court decision and it is going to very nearly exclude unlicensed people permission to do things that they have been doing rather freely in the past. It means that unless you are licensed to do something, and this has been included in your curriculum in the course of getting your license, you are not going to be able to do it. I am pretty sure that this Magit Case is something that should be more than a passing concern for those of you who are setting up the curriculum for future licensed vocational nurses.

GENERAL SESSION

Monday Afternoon - April 8, 1963

KEYNOTE ADDRESSES

Wesley P. Smith
Director of Vocational Education
California State Department of Education

Ladies, and our visitor from Washington, D.C., Maryellen, and Mr. Linville - I am not going to talk today about practical nursing, vocational nursing, or anything to do with the health occupations. I would want to indicate to you, however, that my interest in this area of occupational preparation goes back a long time because I can recall sitting on committees when I was assistant to the State Director of Vocational Education, going back 15, 17, or 18 years ago, committees composed of hospital administrators, the medical association, nurses association, trying to get ready for, and trying to remove some of the deterrents to licensure of practical nurses in California. I can recall so vividly that process, how long it took, and the difficulties involved. I know what licensure has meant to California, I know what it has meant to the hospitals, I know what it has meant to the health team, and I know what it is going to mean in the future.

I bring you greetings from the Superintendent of Public Instruction, Dr. Max Rafferty, who, although not in office too long, has proved to be a real supporter of vocational education. He is a proponent of what we stand for. I am asked wherever I go, "How are you getting along with Max, how is Max doing for vocational education?" Like Van, I don't follow the script always and I am taking advantage of this opportunity to indicate to you that our State Superintendent of Public Instruction, Dr. Max Rafferty, is, in fact, one of the strong proponents for what you people stand for, and what I stand for.

I am bringing you greetings from the entire Department of Education, and I also bring you commendations from all of us who sit to one side and watch you work. The California State Board for Nurse Examiners and the State Department of Education have made a fine team, a fine partnership, over the years. Many people have suggested that we have a special supervisor for practical nurse or vocational nurse training on our staff. We have not seen fit to add such a staff person because we have such fine help from the staff of the Board of Examiners. To have anyone on our staff would be to merely duplicate what these competent people are doing, and there is no need for us to compete in that way because we are going down the road together. We chose to do that a long time ago and we are continuing to do it. Besides, as already indicated, the price is right. Perhaps some of our money can be better put to this kind of an undertaking - some other things that the State Board can't do, and that is what makes it such a fine team relationship.

There is a necessity for division of labor in many aspects of our operations these days, and I think that the many complications in this field of nursing preparation demand a division of labor, too. It seems to me that the design or the development of a prescription for what is necessary as a licensed vocational nurse in California is a responsibility of the State Board of Examiners of Vocational Nurses and is not a role or a responsibility of the State Department of Education. And I think, too, that the preparation for that image, that legal image, is the role or responsibility for the schools. I do feel that the development of the prescription of the job to be trained for is in the right hands, and I think, too, from what has been happening in California, the filling of that prescription has been pretty well done, too.

I just came from a meeting at the Hacienda; near here, where the California Business Education Association is meeting. They have as their theme for their conference, "Partners in Progress." I say to you as I speak these few minutes today, for the first time in my quite a few years of experience as State Director of Vocational Education I don't know of a better example of partners in progress than the kind of partnership represented around these tables today.

I am going to share with you for just a few minutes some personal thoughts and some notions keyed to your theme, as I understand it, the "Pursuit to Excellence in Patient Care." Some of these things I am going to say are trite, some of them you have heard in your education courses. I will give a little different twist to them and at least the words might be a little different, maybe the emphasis too. I want to identify, because I think it has pertinence to your conference, a few factors that I feel must be present if excellence is to be approached - excellence in your field, of course, because this is what you are talking about, but these factors will apply in the preparation of any occupation. When I say "approach" excellence I will just note that in my own book I have an idea that excellence is perfection, and I don't think we ever actually reach perfection because the closer we get - the further it moves away. I want to suggest to you some factors that promote progress toward illusive perfection. I want to say at the beginning - and I will say the same thing at the end of my remarks that my feeling is that every one of these factors must be present if we are to come close to this excellence we seek. It is my feeling that the absence of any one of these factors that I am going to list destroys any chance of achieving this nearness to excellence that we seek. Furthermore, I would make the observation now that each one of these factors bolsters the other. To the degree that one lags or sags is the degree to which other factors must be strengthened to compensate for those sagging or lagging factors. There is no special order to these, they are just as they occurred to me although there may be some logic to the order which I selected.

I have already indicated in some of my general comments at least the roots of my first factor. Now it stands to reason - it just seems to me so logical - that if we are to fashion something we must have something to go by, a prototype of some kind, an image of some kind, a target, if you will. And I will say, furthermore, that the target must be distinctly seen and must not be fuzzy around the edges because to the degree that it is fuzzy is to the degree we might well miss our mark. I indicated a few minutes ago that the determination of what needs to be done - this thing that is going to be fashioned, and in this instance we are talking about a licensed vocational nurse, one that will bring excellence to patient care, this prototype, this object to be made, to be fashioned by us in education, is a task the Board, assisted by the Hospital Association, the Medical Association, and all others must accept. To the degree that such a pattern is absent, is the degree that we will fail in achieving excellence.

My second factor has to do with the selection of students. Here, again, I feel that there is the need to identify the initial characteristics of the future licensed vocational nurses realistically. Now this is just as important as knowing what we are training for, because we must know the materials we need - we must know the materials and their strengths as we start - we must determine what the specifications of these materials are if we are going to fashion them into this prototype or this object which has been identified for us. And, I say again, to the degree that we are inaccurate in the specifications for these young people who are going to be selected as trainees, to the degree we are inaccurate in the specifications required of those people, and to the degree that we depart from those specifications as we make our choices, is the degree to which we will miss the target of perfection we seek.

Another factor is what I am calling the design of the curriculum. I have a strong notion that the curriculum in this field, as is the case for the curriculum in any occupational preparation field, must be tailor-made to meet the needs of the occupation. The target, the end product we have identified for us, depends upon the material we had to begin with and the curriculum that joins the two, because the curriculum is that device that takes this person and puts him up here. To the degree that we leave to chance, to the degree that we are not deliberate, to the degree that we are not honest, to the degree that we succumb to the temptation of using a "cafeteria" approach to the design of curriculum and selecting subject matter, again, is the degree to which we will miss this mark of perfection we have set for us in the design of a curriculum.

I have another factor which I have identified as the competency of the teacher. As I talk about competency of the teacher in this instance, I am talking about the competency of the teacher as measured by his or her proficiency in the subject-matter involved. One of the precepts in vocational education that becomes stronger and stronger in my mind every year, every day, if possible, is that above all things the person who is going to teach a craft, a skill, an occupation, and especially an occupation such as you represent, must be as proficient in that occupation as you expect the person being trained to be proficient. And to the degree that the person who teaches is less than proficient is the degree again that we will miss the target and it is to the degree that this person will be less than proficient.

My next factor is method of instruction. Regardless of what some of my colleagues may think, whether they are Admirals, or whether they be PhDs, whatever they may be, I feel that subject matter mastery alone is not sufficient as teachers attempt to prepare for occupations. I have a strong notion that, in addition to the mastery of the subject matter, the teacher must be a master of the technique for imparting that subject matter, and I don't think that either one is dispensable. Each is necessary and I can't place a priority on either one - if we are going to teach, we must have both.

May I indicate quickly another factor, and that factor has to do with a sufficient time to accomplish the task. Some of us happen to be operating right now in a series of crash programs in California and across this country under the federal Manpower Training and Development Act. Mr. Van B. Lawrence is involved in this area and he knows whereof I speak, that we are being asked now to repair people whose occupations have failed, or something has happened to the occupational intelligence, their skills have run out, or they never had a skill, or for some other reason they need repairing. We are asked to prepare licensed vocational nurses, typists, clerks, auto mechanics, machinists, electronics technicians, data processors, key punch operators, fry cooks, tractor drivers, and so on. Thank goodness that in the area of the health occupations, represented around this table, at least, we already have a prescription that indicates the length of training period in hours that is necessary to do this job. Thank goodness in some other areas we have the same thing, but pity us as pressures are placed upon us and upon these people to do some of the "quickie" preparation that some think can be done - where there is no legal minimum, where there is no licensure, where this kind of thing is in sombody's judgment. I don't know what this "sufficient time" is to get the job done, and it may be varied as it has been in your program in the past. There is nothing magic about a certain number of hours, I know, and it may go up and it may go down but we still need sufficient time to accomplish the task. This will vary among the occupations and to the degree that there is insufficient time to do the job realistically and honestly is the degree again to which we miss the target of perfection we seek.

My final factor in this series has to do with the measurement of results or "follow-up" - you probably would rather call it "evaluation", and that is alright with me, too. This is where, continually, I hope, just as in the formation of any other product that is used by the public, and especially one that is so vital to the interest of the public as this, that we run a test from time to time to see how well we are doing, and to see how far we are from this thing we are calling excellence - whether we are 8000 miles away from it or whether we are 2000 miles away from it, or whether we are on target. This can't be left to chance, can't be left to emotions, it must be done scientifically, and there must be feedback. And, I say again as I have said in every one of these points - to the degree that we get this far along in our program and forget this one essential ingredient is the degree to which each of the other factors will be adversely affected and the total job will be adversely affected, and it is the degree to which we will miss our target.

Ladies, progress toward that always illusive goal of excellence is never achieved on a massive front across the board, all at once. Instead, it is achieved in little pieces here and there, in one factor here, in another factor there, and so on. And, it is the net addition of all of these little forward bulges that in the end gives us the net gain in progress. I am sure that you would recognize, as I do, again regardless of the occupation, there isn't one of these factors that cannot be influenced by any person in this audience, and the degree to which you influence these factors during these few days you are together, and the rest of the days, is the degree to which you will move forward the entire front in achieving the excellence your agenda indicates is your theme. You will do this, I know. It is inescapable because you have done it before and you are going to continue to do it. I indicate, as I sit down, that those of us on this side of the partnership, in education, have enjoyed so much our partnership with the Hospital Association, the licensing organization, the Medical Association, and all the other individuals who make this "partners in progress" possible. And, I have appreciated the honor you have bestowed upon me in asking me to come to this meeting. Thank you.

Helen K. Powers, R.N., Chief
Practical Nurse Education Section
Division of Vocational and Technical Education
U. S. Office of Education

Having been introduced as an expert, I am reminded of the definition I heard recently - that an expert is a person who knows more and more about less and less. Let me reassure you about a few facts that Mr. Lawrence did not tell you. I am a Registered Nurse and have been one for more years than I will admit in front of these two gentlemen! I have had the privilege of serving not only as a bedside nurse and a hospital unit head nurse, but in nursing service administration, in teaching professional nursing students, and in administration of schools of nursing. In all these working experiences in the field of nursing, there has been no greater satisfaction than in the work which I am now doing in Practical Nurse Education. My interest in Practical Nursing Education was stimulated in the early 1950's, when we worked with vocational education in the District of Columbia to establish an approved program. I had the pleasure of helping to establish that program and assisting it to develop into one of our better training facilities.

In the years that I have worked within the U. S. Office of Education, I have seen a program develop that excels in the speed with which it has grown, the quality of program that has been developed, and the tremendous need that that program has filled over these years. It has taken many forces to bring this about. We have now in the Office of Education two professional nurses who are working in the development of this program. Mrs. Orianna Syphax, who is known to some of you and formerly was the State Supervisor for Practical Nurse Education in the District of Columbia, joined our staff as a Program Specialist.

In his excellent presentation, your Director of Vocational Education discussed the factors that contribute to the success of any training program. In the Practical Nurse Education program, let us look at some of the factors discussed. All of you are aware of the fact that nursing for many years has been unable to provide the number of trained workers needed to do the job. Some figures released by Mr. George Bugbee, Director of Health Information Foundation, show that one in every thirty persons employed today is working in the health field. Registered nurses, licensed vocational nurses, and nurses aides comprise the major proportion of health workers and number well over a million workers. Each of us care, look at our program in vocational nurse education and honestly say that we are doing a good job. We are placing almost everyone trained. Our graduates make an important contribution. We need to increase the number being graduated. But, what is the number of graduates, Licensed Vocational Nurses, that we should be preparing today? The work of the Consultant Group on Nursing was released quite recently. This thirty-five member group, appointed by the Surgeon General of the U. S. Public Health Service, met for approximately two years under the chairmanship of Dr. Alvin Urich of the Ford Foundation. Their objective was to study the total situation in nursing and formulate recommendations on the role of federal government in resolving the critical shortage of prepared nurses. The preliminary report of the findings of this group is published under title, "Toward Quality in Nursing Needs and Goals." The report of the consultant group will have a tremendous influence upon what we do in nursing in the years to come.

A ratio of 38 Registered Nurses to 30 Licensed Vocational Nurses with 32 auxiliary workers was suggested by the consultant group. What does this mean in terms of people that you will be preparing in the next few years. In order to increase the total supply of Licensed Vocational Nurses to the numbers suggested, we will need to more than double what we are doing at present in order to achieve that ratio by 1970. This means an increase in your staffs, increase in enrollments and graduations in order to reach the goal.

We have seen rapid growth of Vocational Nurse Education. You recall that, in 1940, we had some ten programs in the country; by 1950 we were graduating about 3000 practical nurses a year in the nation; in 1962 we had 735 state approved programs in the United States and were admitting about 25,000 students to programs that year. Graduates in 1962 totalled nearly 17,000. Programs have grown fast, and exhibit both good and undesirable characteristics. Vocational Nursing programs show the influence of public vocational education in their development. Home economics education gave its leadership to early programs and left some of its philosophy with our programs. Many curriculums for practical nurse education still include, for example, instruction in care of the home and in family living that is not related specifically to learning to nurse. We see evidences of the philisophy not only of home economics, but of trade and industrial education in this program. Trade and industrial education programs are characterized by the fact that trainees in such programs are trained for employment in an existing occupation. In vocational nurse education people are prepared for an occupation and for a specific job in that occupation. These characteristics from trade and industrial education have been advantageous to the program.

Today, the vocational nurse is recognized as a nurse. In the states she is recognized and licensed as a nurse. In the employment situation we would like to see an improvement in this - we would like to see her utilized at the level at which she is prepared, not below it and not beyond it, but at the level and we have much that has been left to be accomplished in this area. I would like to call your attention to some milestones that have occurred in this past year. The nursing profession has clarified the role of the licensed vocational nurse and her relationship to the registered professional nurse. The American Nurses Association in its statement on training auxiliary workers for nursing service and particularly their statement on training under the Manpower Development and Training Act of 1962, recognizes two levels of practitioners who are prepared to nurse and both are licensed to practice nursing. You are familiar with the statement of functions developed by and approved by the Boards of the National Federation for Licensed Practical Nurse and the American Nurses Association and issued in 1956. This statement of functions, which had been a guide to employers and to schools of practical nursing for many years, sets forth a definition of her as a person who assists the professional nurse in giving nursing. Revision of the statement is underway in the Allied Nursing Personnel Committee of the AVA. A suggested change in this statement is under consideration that the licensed practical nurse "participates" in nursing patients rather than "assists". Recognition of the vocational nurse as a "nurse" and the revision of the statement of functions both represent milestones in our progress toward the acceptance of the licensed vocational nurse.

Vocational nurse training has developed in all types of settings. In California, programs are operated in junior and community colleges, in vocational schools, and in hospitals. As we travel around the nation, we see programs operated in comprehensive high schools, in industrial education centers or in area vocational schools, and in universities. How have the philosophies of different administrations affected the program? We have received the criticism that programs are growing pretty much like Topsy because we do not limit the settings in which they are developed. Should programs be operated for students in high school or only for post-secondary students? If programs can be operated at either level, how can you justify the requirement that a student have completed a high school education before being admitted to a program? These and similar questions will require more than an armchair opinion.

In the development of the curriculum for practical nursing, tremendous progress has been made in identifying what it is we are trying to do in the preparation of the vocational nurse. The vocational nurse is prepared to be a generalist who functions in the direct care of people who need nursing. At no time do we consider that she is prepared to function as a specialist in any of the clinical areas, nor do we feel that her training can serve as a basis for preparing her to be that specialist. We recognize that she is prepared to function in any setting where patients may be nursed. However, while we are cognizant of the fact that our vocational nurse will be giving direct nursing care to all types of patients, regardless of age or diagnosis, or setting, that level of care remains within fairly well-defined limits. Situations selected from various clinical areas comprise the basis on which curriculum content is developed. Regardless of the clinical area from which content is selected the objective of the program is preparation to give general nursing care within the two roles of the practical nurse as defined in the "Guides". Unless we focus on the patient and his needs, the instructional program begins to develop into a strange collection of learnings. The teaching of medications will illustrate my point. When we started to teach the giving of medication the students were first taught to pass trays of medication to 10 to 50 patients. In other words, they were taught the hospital routine. Unfortunately we still have many programs that do fail to focus on learning to nurse the patient, but, instead, focus on learning to carry out the work routines of the health agency where students receive clinical instruction.

Some programs continue to fill the curriculum with more and more information about the agencies in which they are assigned and with more of the theory that professional nurses are taught in order to prepare for nursing in clinical areas. Learning experiences are needed, instead, to enable students to assess the daily needs of patients and select measures to meet them.

We recognize that the graduate of this program has a limited scientific foundation for nursing practice and, therefore, she is limited by the very fact in extending her skills beyond the level of the vocational or practical nurse. Unless we can broaden and deepen the foundation in her basic curriculum we cannot expect her to extend her knowledge and skills very far. Yet there are those who propose the development of post-graduate training in various clinical areas to prepare the vocational nurse for a higher level in nursing. The graduate vocational nurse might become more technically competent but would be definitely limited for the reasons just discussed.

Let's take a brief look at some of the trends in the program today.

- The practical nursing curriculum is being developed around one central theme - learning to nurse patients of all ages, in all types of settings, and with a wide range of health deviations.
- Instructors recognize the need for and are seeking for their students' practice, those nursing situations where good nursing is being practiced.
- Students are being taught the patients' role and place in the nursing care team.
- Home care programs are being used as a valuable learning experience for students.
- Minimum and maximum care units are being utilized for appropriate clinical instruction.
- Integration of mental health concepts and selected principles from Psychiatric Nursing is progressing in many programs.
- Preparation both in general and psychiatric care settings is producing a practical nurse who can function more effectively in mental health institutions. (See Kilander's study, the Psychiatric Practical Nurse, and Bowen's study, We Organize ....

Problems that concern most practical nursing educators today include:

- Inadequate preparation of professional nurses to effectively supervise the licensed vocational nurse.
- Better preparation of those who will teach in practical nursing. The statement of standards, functions and qualifications of the American Nurses Association sets the standard for preparation at the master's level.

- The number of practical nursing instructors who applied for and received long-term traineeships under Public Law 911, Title II, during 1960-1962 was 51 (out of 5,178 grants awarded). Instructors should be participating far more actively than this.

- Accreditation of practical nursing programs presents a problem due to the involvement of several agencies including the National League for Nursing which has a committee under its Department of Practical Nursing Programs working on the development of standards for the national accreditation of practical nurse education. In addition public vocational schools are very much concerned about the growing pressures from groups who wish to accredit curriculums. Trade and industrial education alone is involved in over 100 occupational groups who might, today, or tomorrow, decide that it is their prerogative to accredit those individual curriculums. In order to forestall the confusion that would result from this, vocational educators are working through their American Vocational Association towards the solution of this problem and exploring the possibilities of setting up a group at the national level who would coordinate, guide and direct this type of activity.

- More flexible standards in our states are needed in order that schools can work toward the goal of preparing a vocational nurse to function in any setting. In the study, *Education for Practical Nursing, 1960*, conducted by the National League for Nursing in cooperation with the Office of Education and Public Health Service, reports about your programs reflected largely that which was reported to State Boards of Nursing. Schools did not report changes in their curriculum so they sent us the usual breakdown of 16 weeks of theory and 32 weeks of work experience. Schools of practical nursing are working together with their state boards for nursing to develop the kinds of standards under which quality programs can grow and flourish. These standards should make it clear that the practical nurse is not being prepared to do medical nursing or surgical nursing but to function as a generalist in direct care of patients in all settings.

- Care of the geriatric patient in other settings. There is very little difference between the geriatric patient who is having major surgery, and the adult patient who is having major surgery. The care of the geriatric patients in homes for the aging, psychiatric hospitals, and in their own homes presents different problems for students. Vocational nursing educators need to change their attitudes toward teaching care of people in places other than general hospitals. First, find out the facts. What do the agencies provide to enrich the experiences of our students.

- Instructional material is too much disease-oriented. We need to prepare material for our students that will focus on nursing the patient. Dorothea Orem and Neva Stevenson are preparing a series of four textbooks based on the Guides. McGraw-Hill will be the publisher. Vivian Culver is revising her textbook with the emphasis on learning to nurse.

Vocational nursing education has in the last twenty years passed through several stages - it began to emerge in the 40's, it went through rapid organization and expansion in the 50's, and in the 60's we might say it is approaching maturity. We have had many characterizations of what the 60's are going to be. They can be the soaring 60's, or the sad 60's, for vocational nurse education. It depends on the ability of vocational nurse educators to broaden their outlook, to develop the type of program that will produce a worker needed in community health services. It certainly must be the type of program that will continue to strive for excellence in all aspects of vocational nurse education.

GENERAL SESSION

Tuesday Morning - April 9, 1963

TOPIC: SELECTION OF STUDENTS

PANEL MEMBERS:

Lena Visintainer, Sacramento City College, Chairman
Belva Olsen, Galileo Adult School
Alice Greenough, Compton College
Lillian Auiler, Cerritos College

Belva Olsen, R.N., Coordinator
Vocational Nurse Education
Galileo Adult School

After yesterday's meeting I began thinking about our commitment as a panel. There seem to be two questions: first, who is the person who is going to do vocational nursing; and second, what is vocational nursing? When I looked at the attractive cover for our workshop program with the dedication, "The Pursuit of Excellence in Patient Care," a long-forgotten line from Shakespeare slipped into my mind. The quotation is, "So tender over his occasions." I think that the dedication, "the pursuit of excellence in patient care," and the quotation are related. Life is a series of occasions; and how true it is that a nurse is needed who can be "so tender over these occasions."

Yesterday, when Mr. Smith was setting down the factors that would insure the excellence of patient care--and he said that all of these factors had to be present or we would not have excellence--it occurred to me, too, that sometimes we deduce that the person who can conceptualize is also a warm and compassionate person. This is not always true.

Yesterday, too, Miss Powers emphasized that the most-raised question today is, "What Is Nursing?" I remember that one time when I was a student-nurse, I was looking through a book of writings by Florence Nightingale. One of the chapters was entitled, "What a Nurse Is to Do." The first paragraph of that chapter was a single sentence, unadorned and unsupported. The sentence was, "A nurse is first to nurse." Maybe we are still trying to find out what nursing is. Maybe we can't define it too clearly.

Today, in our modern hospitals, we find that even with all the education and all the communication between people, there are areas in which there are misunderstandings and sometimes even dilemma. But in spite of all these odds, I have known not only registered nurses but also vocational nurses who have been able to give creative nursing care.

Our society, as we all know, is becoming very complex and very dependent upon technology. We are setting our standards high, and are looking for test scores, grades, and reading ability to predict success. I recall an article written by Dr. Fred Willhelms, who said, "We seem to be conducting a national campaign for exclusiveness, but will this get us enough highly trained people? There is a core of indeterminacy in people because we know that we can't measure and come up with answers about people as we do about things, and as freely, so there is a large unexplored, sort of no-man's land, in trying to assess human nature."

In the selection of students, with which our panel is charged, we attempt to study the individual in three areas. First, in the assessment of skills; second, in the description of behavior or personality (or however we want to term this area); and in the third, experience, home life, health, etc. We know, too, that there are many factors that make for success--such as ability, previous achievement, and a very tantalizing thing called motivation. If we ever arrive at what motivation is, we probably would have the answer to a lot of questions. As yet, we have no yardstick for the measurement of motivation. I am sure that all of us have experience being with students of high ability who haven't succeeded, and having been with students of lower ability who have succeeded.

I represent Galileo Adult School, San Francisco. Perhaps it might be well to tell briefly about our program. We were established in 1948. We have graduated about 1100 people from the program. Our student population is a very cosmopolitan one. Our first class entered in 1948, and was composed of 19 women. The youngest was around 50 years of age, and the oldest was about 63. In 1953, when we did a follow-up study of our graduates, we found that the average age at that time was 41.6 years. About 4 years ago, we discovered that our students were getting younger; the average at that time was 31 years. I have just looked over the ages of the students now enrolled, and in one class the average age is 25, in another class 29, and still another class 29.4 years. So, our students are getting younger. We enroll both women students and men students. The numbers of men that we have in the program are few, so they represent a minority. I suppose our students are much like students in other programs.

Our age for admission is from 18 to 50, so we say, but should we meet a person over 50, who seems to be a very desirable applicant, we do admit her, or him. We require many of the requirements that all the schools ask for. High school graduation is required; but we do admit people who score well on our entrance test. We also try to assess a very elusive quality: Why do people want to become nurses? At one time we did a follow-up study trying to determine why people enter vocational nursing, and the results compared very closely with the follow-up study that was done on graduate registered nurses, in that vocational nurses want to take care of people, that they are interested in people. We had thought, prior to that study, that our students were vocationally oriented, but we found out differently.

Our selection of students for vocational nurse education at Galileo Adult School is an ongoing process, a continuous process, a process that has its roots firmly embedded in the recruitment program. I say this because we have a very vigorous recruitment program. We enjoy a very high degree of co-operation and assistance from radio, television, and the press. We always try to keep these doors wide open so that we are able in a general way to let the public know what the requirements are for vocational nursing. Judging from the number of telephone calls, I would say that there is a tremendous amount of interest in vocational nursing. Our office staff is aware of the requirements for vocational nursing so that they are able to answer questions intelligently on the phone. We do very little by mail. We have a few letters, but many of our contacts are face-to-face contacts. One of the ways in which we try to recruit students is through our student group. Our teachers are charged with this commitment. We try to keep the students informed about the program and the needs of the program, so they come up every now and then with the question, "Is it time now for us to get some more people interested?" We find that this is a magical way to bring new students into the program.

Getting back to the mechanics of the selection of students--we use several devices: testing, the written application, the high school transcript, interviewing, physical examination. The test that we use is the California Achievement Test. Since we are in public education, we feel that all people who are interested may be tested. However, we do try to point out that certain qualifications are essential in order to be enrolled in the program. This, as I mentioned before, is done through our recruitment program. Testing is done by our counselors. Applicants who make the highest scores on the test are interviewed and make written application. Our testing program is an almost continuous one, because we do admit two classes a year, and we have found that in order to admit a class of 50, we have to test from 300 to 500 people. After the test scores have been obtained, we have a pool of potential students with high scores. We make contact with them and have them come in and make written application. Our application is a 3-page application, rather lengthy, but we feel that it serves a purpose. On one of the pages, we request that the student answer a number of open-ended questions, and in this way we get a bit of information about her philosophy and about why she wants to come into nursing, and it gives a clue once in a while to her personality. On the written application is a page that requires the student to write an entire page and here again, we feel that it serves a purpose in that a prospective student must be literate and able to handle language skillfully. She must have the potential to learn the new language that nursing will present to her. I am not too sure about the validity of this page of writing, but we do feel that it gives us an idea as to whether or not the student is able to put down on paper some ideas and to express them in an acceptable manner.

The high school transcript is evaluated by our counselors. We require at least average grades.

The interview--the next step--if done properly, can give us a lot of information. The interview must be a purposeful one and must have goals, and it must be such that it gives the applicant time to talk so that we get some impression about her own philosophy--her own personality. During the interview, there are a lot of things we can check--for example, height and weight, mannerisms, the mechanics of the applicant. During the interview, we give a lot of information about the program that is pertinent to the prospective student and her needs. We can get a lot of information from her.

Another aspect of the selection program is the physical examination. The student is responsible for her own examination, performed by her own physician, the report of the examination being forwarded to us.

Even with our recruitment and with our program of selection, there are still many problems to be resolved. We feel that counseling the young recruit in high school would be helpful in the adjustment to nursing. If we could spend more time in orientation for the prospective student, the attrition rate for the program would be lower, because the student would have a better understanding of what nursing is, what is expected of her, what she wants from nursing. If we could have closer communication with the hospital, we would know more concretely what the employment situation holds for this nurse.

Alice Greenough, Director
Vocational Nursing Program
Compton College

When taking a course in public speaking, I learned from the professor that all good speakers entertain their audiences for a few minutes before starting the main topic. Although I do not claim to be a good speaker, I hope to at least entertain you for a few moments with a story appropriate for the occasion.

A priest, a rabbi, and a minister were out fishing in a rowboat, the day was warm and the fish lazy - time dragged. Eventually the rabbi ran out of bait so he said, "I think I will go to the shore and get some more bait." To the priest's amazement he stepped out onto the water and walked calmly ashore, returning in a short while with the bait by the same route. In about half an hour the minister decided to go for a walk and casually stepped out of the boat and crossed the water to the shore and back without mishap. The priest looked at them thoughtfully, "I have as much faith as they have," he mused, "but I have never walked on the water - I believe I'll try." Bravely he stepped out onto the water and immediately sank to the bottom. The minister and the rabbi quickly pulled him back into the boat and dried him off. A second time the priest attempted to walk across the water and a second time sank to the bottom. Again the minister and rabbi pulled him into the boat, coughing and choking. When the rabbi and minister saw the priest preparing for a third try, the rabbi said to the minister, "shall we tell him where the stones are?"

I come from Compton College, where the Vocational Nursing Program was started in September, 1952, and it has progressed in approximately the same manner as the one described by Mrs. Olsen.

The average age of the vocational nurse students is getting progressively lower. In 1955 the average age at Compton was 38 years; in 1961, when last checked, it was 31.5; and this year there are many more students in the below twenty group.

The Compton College Program has been quite successful - 90% of the graduates are successfully employed in various types of nursing positions. There has been less than 5% failures on the State Board Examinations during the complete time of the existence of the program.

In considering the selection of students, the nursing faculty at Compton College felt that the first consideration should be a realistic image identification of a successful vocational nurse graduate. The results of various surveys which have been completed in the Compton area have been used to picture the type of person who is successful in vocational nursing. She should, of necessity, have good physical and mental health and practice good personal hygiene. The applicant must have enthusiasm and energy - nothing is more annoying than an applicant who rests on the desk while being interviewed. Also, she must have maturity, manual dexterity, communicative skills, discretion, and the ability to apply the concept of the transfer of learning. These attributes are considered of prime importance but are not necessarily listed in order of importance.

Although much progress has been made, continued work is necessary to improve the selection procedures. The program at Compton College, as in other programs, needs improvement in the job of selection, otherwise the attrition rate would be below the existing 30% rate.

The following are devices which have proved to be more successful in our selection program:

1. Each student must have a complete physical examination and report must be sent to the school nurse before the end of the first week of school. This examination is done by the applicant's personal physician - we have found this to be adequate in most cases.

2. Each applicant must take the Otis Quick Scoring Ability Test and the Illinois Reading Test. These tests are scored and the results are made available to the nursing faculty by the counseling department before the applicant's personal interview.

3. Immediately following the tests, one of the nursing faculty meets with the group of applicants and has an informative discussion with them regarding this particular program. Points of discussion are: the length of the course, the daily schedule, the cost of uniforms, textbooks, equipment, student body fee; in addition they are told the number and length of vacations and holidays, the grade point average which must be maintained, and the scheduling of personal interviews.
   Each student has a personal interview with the director of the program at midterm and end of the first semester, and midterm in the second semester. At these times the student is complimented or constructively critized concerning her progress, and if necessary counselled into some other field. Each student has the privilege of making

an appointment with the director or any instructor when she feels that she needs assistance.

4. Each applicant is interviewed by a nurse faculty member who uses a specific form for the interview. This insures a degree of uniformity in the information which is compiled on each applicant.

The interviewing nurse must keep the following in mind:

a. She should be familiar with the information submitted by the applicant when applying.

b. In the interest of expediency, she should have the admission test score recorded on the applicant's interview sheet in advance.

c. Most important of all is extreme privacy for the interview. All unnecessary interruptions are discouraged. The applicant is more at ease and the interviewer does a better job if each applicant has her undivided attention.

d. The interviewer should attempt to establish rapport with the applicant early in the interview. A point of departure may be discussion of children or grandchildren; with younger students, the activities of the high school.

e. The interviewer should evidence genuine interest in each applicant. The interviewer should allow time for the exchange of all pertinent information and the interview should be graciously terminated before it becomes repetitious.

5. The interviewer uses a check list so the information collected is uniform and complete. The following points are considered:

a. Observation of the Applicant:

(1) Appearance in general - neatness as to hair, nails, and make-up, cleanliness and appropriateness of dress and shoes, poise and composure.

(2) General appearance of health - clear skin, bright eyes, normal weight, and good posture.

(3) Communication skills - good enunciation and sentence structure, understanding and following of instructions, attention to and interest in discussion.

(4) Courtesy - Concept of ethics and understanding of common courtesies.

(5) Incentive - Reason for choice of program, and interest in service. Two types of applicants are prevalent: first, those who are interested in people and need to achieve in an area where employment is assured because of personal responsibilities or family need, and; second, those who say they have no thought of self and will only be happy giving to others are usually not honest but are giving lip service to what they think the interviewer wants to hear - this shows insincerity which has no place in nursing.

(6) The applicant's concept of vocational nursing - Understanding of the patient-centered role of the vocational nurse. Knowledge that her role is one of service to the sick and not self-promotion and self-interest.

(7) An applicant's emotional stability - Knowledge of personal conflicts should be of vital concern to the interviewer. Personal distractions such as imminent divorce or marriage should be resolved before she considers entering this new field.

On the other hand those from happy homes who have accepted responsibilities and are planning for a better way of life should be encouraged.

Unmarried girls, looking for husbands, should be counseled into engineering or animal husbandry, as the vocational nursing program is not a matrimonial bureau.

b. Financial Responsibilities

Economic security for the year is essential. Because of the density and brevity of the course, working students do not achieve well. It is preferable to work a year and save the necessary funds before making application.

c. Recommendations

Three recommendations are required - one from each of the following: an employer, a minister, a teacher, or some other responsible person. The recommendations are primarily concerned with stability of work habits, emotional stability, responsibility, and good moral character. For the most part, people give a fair evaluation of anyone whom they recommend.

d. Achievement in High School - or Tenth Grade Equivalency

Applicants must have transcripts of their high school grades on file before applications are processed. Applicants must have a tenth grade education or take the Tenth Grade Equivalency Test which is administered by the college about three weeks before registration for each semester.

The selection program at Compton College is started in April for the September class. The Admission Test dates are scheduled at two-week intervals for eight to ten sessions. Approximately one hundred and fifty applicants are tested and interviewed for a class of forty-five students. All application forms, test results and high school records are used to determine the best applicants for the program. These people are notified in writing about two weeks before registration. This notification includes all registration information. Rejected applicants with potential are advised to take courses in remedial reading, English, arithmetic, or psychology before re-applying for the program. This may be necessary where an applicant has been out of school for a number of years. In most cases the applicant is very willing and appreciative of the interest shown.

In conclusion, the necessity of a standard screening process must be of constant concern so that each applicant feels that she has had equal opportunity. There should be no question of personal feeling or discrimination. Each person should go through the same procedure and receive her answer in the same manner. A letter of acceptance or rejection (accompanied by suggestions of other fields where she might be better qualified) from the counseling office, should acquaint her of her status.

Every effort to correct the erroneous conception that vocational nursing is a melting pot should be made. Nursing at any level has the attributes of a profession and evidence of the prevalence of these qualities should be apparent before counseling to that field is undertaken.

Lillian Auiler
Director of Nursing Education
Cerritos College

I represent Cerritos College and our program started in 1959. We were most fortunate in many ways in that we didn't have to do as so many of you have had to do, to revise and change your program. We were fortunate (perhaps we should put that in quotes) in starting out without anything to work with. I am sure most of you know there were many, many mistakes to be made - and I don't think we missed many, but from mistakes you learn, and we have had the patient-centered approach at Cerritos and feel it is working very fine.

Miss Greenough brought you a story - I didn't. I was talking the other night to an adult class and when the discussion was opened it seemed that those of us who have the title of nurse also have the job of listening - allowing people to relieve themselves of certain frustrations. Everyone told of when she was a patient and of this and that happening (this was a class of medical office receptionists) and of the things that shouldn't have been done. One lady got up and said that when she was a patient, "Why, do you know that the nurse told an obscene story." I said, "She was entirely out of line - she should have let you tell it." I probably didn't relieve her of much of her hostility but I got rid of a little of mine.

Regarding the selection of students, our counselors at Cerritos do the test scoring of the Otis test and they tell us whether the student has the ability to do ordinary reading and writing. (One of the test questions is, "Which is a firmer substance, ice or rubber?" This makes the student think a little bit.)

What is the criteria which, I am sure, most of us want to use in selecting students? One of the things we would like to know is, "What made this student choose vocational nursing?" As Miss Greenough said, and I heartily agree, if it is someone who wants to pat a fevered brow or give her "all" to nursing, I say it is a lot of nonsense because she would soon burn herself out. Maybe these are her goals, or maybe she thinks they are, but every one of you sitting here knows there is a lot more to being a nurse than tender, loving care. I think you are fooling yourself, and perhaps the patient too, if you don't know when tender, loving care needs to be stopped and the patient returned to his independence. If you make every patient you have dependent upon you, because you are so nice, before long you are going to leave your job because you are completely exhausted. You can't give nursing care, good nursing care, to all your patients if you are going to wait on them hand and foot and not recognize the difference between good nursing care and tender, loving care. There is a need for both, and there is a need to know when to stop, and when to use each one. I think as we look at the prospective students and listen to them talk, these are the things we need to be thinking. I think every nurse, if she is going to be a real nurse, needs a backbone of steel because I don't think nursing is easy. I think it is the most wonderful job in the world and the rewards are great, but I think you have to have nerve and I think you need just plain fortitude in order to take care of patients the way they should be taken care of. If they have to turn, they need to be turned - you know this. The patients with lung surgery certainly need to take deep breaths - it hurts, and it hurts like the dickens. You need to appreciate this, but you still need to get across to the patient that this is most important. When you look at the prospective student you should be thinking - is this the kind of person, whether she be 18 or whether she be 60, who can do a proper job in nursing? Think along these lines - what made her want to become a vocational nurse? As Miss Greenough said, if it is to provide an education, independence for them in the future, I think this is a very worthwhile goal. For the young student, if this is a means for going on to more education, certainly this is good. If they are trying to improve themselves they will also be helping the patient - this I feel very sincere about.

We do not use references - I think the person who would ask for a reference from someone who would not give a good reference is either naive, or certainly doesn't have much foresight, as references are biased. So, what good are references?

Of the problems that we encounter at Cerritos, I think the biggest problem is selecting the students on a "first come" basis. To date, anyway, we have the feeling that the policy of Cerritos is to take the people as their names go down on the list and as their test scores are reported. We had a longer list of students whom we could not take sometimes although there was great possibility of their being much more successful. The sad part is that we keep a "lesser" person three-fourths of a term when some one else could have used it all to better advantage.

About the young students of today - another problem is the social promotion. I don't know whether any of you have felt this or not but I have youngsters in high school and am rather close to it. Because the students pass chronologically from year to year, I do not feel it is right to pass them and give them a diploma. Certainly they are getting older and need to get out of high school, this is true, but somehow there needs to be learning geared to their interests. They come to us with a diploma - here they are, high school graduates, they managed to read and write but real teaching didn't rub off very much. This, I feel, is the difficult person to judge - usually she has a very good appearance and has all the right answers. This kind of a student who has gotten by for four years can certainly get by an interview, has "pat" answers, reasonable desires, has interest glowing in her face, and after two months you are hit full force with the fact it is shallow, there isn't anything there and this, I feel, is a very big problem. Some of the students, the younger ones, have, all their lives, perhaps, played with dolls and have wanted to be a nurse. I would like to know what they think a nurse is - what is nursing. By the end of the year we will pretty much influence them, we hope, with what we think nursing is. But, I would like to know what they really think, and what they want from nursing. The person who wants something from nursing other than improving herself, or bettering herself, I, too, think should go into another program.

I would like to congratulate every one of you for being here because I believe we have the opportunity to better mankind more than any other group of people because our students do real bedside nursing, and I am sure you know that this is a far cry from a bed bath and procedures. Skills can be taught - a bed bath can be taught within a month. We put our students on the floor, giving complete baths the second week, in fact they are on the floor the second day of the course doing a few odd jobs - getting adjusted. My ultimate goal in teaching is to teach the student to impart trust, faith, and security. If the student didn't even touch the patient - didn't give him a pill - didn't even give him a drink of water, but could still make the patient feel he had the best of care because someone cared, someone was looking after him - if the student can impart this kind of faith, then I think we are doing a real good job in teaching.

Lena Visintainer, R.N.
Director, Vocational Nurse Education
Sacramento City College

We certainly have a very fine panel - I don't know that I have very much to add. I may tell you a little bit about the program at Sacramento City College.

We started our program in 1953 and as far as the techniques used in selection, usually a phone call or a letter of inquiry is the beginning, then a personal interview with the Director, the Associate Director, or any member of the faculty. Actually, they all assist and can do this. We feel the interview is very, very important so we can explain the total program to the prospective student. Of course when she comes to us she is rather nervous. It is always interesting that many ask, "Do I have to take chemistry?" When we say "No," it seems they have it made. They relax and will tell us anything we want to know.

It is important for the students to know the length of the program, the hours they will be away from home - this should include their travel time, when they will have their vacation, the cost of the program, how classes are set up, the classes in theory and clinical practice, and finances. It is very important to know whether or not the student plans to work while she is in the program. We have found that this presents many problems and we really don't encourage the student to work. Still, we encourage or discourage on an individual basis because we have found that certain things happen if the student is trying to do too much. We know that she has a heavy schedule. Her necessity for study usually has two pitfalls: her grades fall or her health is involved. In addition, students should know that they must be citizens. When they complete the program they will be able to take their State Board examination and be licensed. Further, students are always interested in employment after graduation. We inform our new students that they will be with other students of various backgrounds and ages. As you have heard the other panel members mention, and as you all know, our students range from 17 to 50 years and their different ages, educational backgrounds, and experiences mean that the only common factor here is that most of them are women.

I think it is important that the student know what her goal is, what she wants to do. If she is interested in being a registered nurse, we have the two-year program at the college. Many of the applicants want to be registered nurses, but maybe she will register in this program first. This possibly is good. However, we feel if she wants to be a registered nurse, she should take some general education. If she needs her chemistry to go to junior college, she can get her chemistry in one semester and then become a registered nurse. We also have a baccalaureate degree program in Sacramento at the State College, and many students may want to teach. They are able to go into this program, and we encourage them. If we encourage them to go into your program instead, chances are you would lose them anyway. So, I think it is important to talk to the student and find out what her goals are. If the candidate is 25 or under, at City College she is required to have a high school diploma - however, if she is 25 or over, tenth grade qualifies her by law.

We were very fortunate in having Dr. George Kimber, formerly the Dean of Liberal Arts at City College, on our staff. He wrote two volumes and did his doctorate on junior colleges. He established a grading key for us that has been very reliable. It was actually set up on the equivalency basis to help the student who didn't complete tenth grade to take an examination and qualify by equivalency. We have found that if the candidate scores within the range set by Dr. Kimber, especially in reading, she has a good chance for success in theory. This California Achievement Test tests reading, arithmetic, and language. It is rather interesting that one of the points he has established concerns how long the student has been out of school, and he has the key set up for five years, ten years, fifteen years, and twenty years. The longer the student has been out of school, the fewer questions she has to answer - so experience plays a part here. Transcripts, of course, are received on all students. Applications are sent out approximately six weeks before the starting date to applicants with the classification of 1 to 3+. We have what we call a green sheet and on this we get necessary family information from the student. We agree that if the husband is against it, it is better for her to wait until she wins him over and let him think he was all for this. It just doesn't work out if she finds that he doesn't want her to do this. Her children may need care. If she has a sister or a mother, this works out. If she has to depend on babysitters, many times this doesn't. We ask her about other responsibilities that she might have and the classification is then put down 1 to 3 minus and 1 is the highest - it might be 1 minus, 2 plus, 2 etc. Number 1 is the highest, and then we go downward.

We do get three references from the student and we find that we get an insight into the student and that the persons that send in the references are pretty much sincere in giving a picture of the individual. They will state that this happened or that happened, or sometimes you can read between the lines.

We have a health analysis, and this includes an X-ray. The health analysis and physical is done by the student's own personal physician. We have a form which they fill out giving personal information similar to what we take down on the green sheet. We also add what the Board of Vocational Examiners expect on the form that is filled in when they file for the State Board examination, such as, "Have you ever been arrested for any crime other than traffic violations?" and about being committed to a mental institution. We find that this prevents the student coming into the program and then finding out when she files that there might be a possibility of not being able to take the State Board examination. We had this happen one time and this is why we have added this - so far this has helped in not having this happen again. Individuals sometimes are so eager that they aren't always truthful. We ask for two passport type photos - one is kept for the files and the other is attached when we file for the student to take the State Board examination.

Immunizations for the student are done after she is enrolled in the program and this is done by the Public Health Department. In Sacramento they do this as a free service to each student.

We have a panel that interviews each student. In Sacramento we have students in three hospitals, Mercy Community, Sutter Community, and Sacramento County Hospitals. Representatives from these three hospitals are on the panel which consists of four members, or at least three. Each student appears before the members of the panel and is introduced to the members. A card is given to the panel with the information pertaining to the student - it has her name, address, number of children she has, marital status, and also our classification. It also has on it, "recommend," "hesitate to recommend," "do not recommend." If the panel does not recommend a student, they state why they are not recommending her. While the student is being interviewed we have a group of candidates and one faculty member touring the campus. They are shown where the parking area is, where the cafeteria is, some of the classrooms, and also they are able to purchase their books. They have a list of books and the book store is open. This saves them from standing in line with about 3000 others the day we begin. Also on this day measurements for uniforms are taken. The interviewing takes a full afternoon - usually the people come in from the hospitals and we start about 1:00 o'clock. They give the student a great deal of time - they are there many times up until 6:00 o'clock. If we have a large number of students, we have two panels so that they won't have to stay too late.

We have enrolled approximately 632 students since 1953; we have graduated approximately 439. We have had a dropout on an average of 31 per cent. In our last two classes, we had a class of 28, and 26 finished; in the present class we had 45, and we still have 41. We find that of the total of 439 students we actually graduated, about 97 per cent are in nursing. Ten per cent are in other states or other cities, and 89 per cent are in the local community, working in local hospitals.

In order to summarize, I think we should ask ourselves, and we did, what instruments are needed in selecting vocational nursing candidates? How can we measure what we want to find in a potential, successful candidate? How can we be sure what we are measuring is going to be a successful candidate? Are the tests that are given, and the interviews that are given the best ways of finding potential candidates? I think we found, from our discussion this morning, that a physical examination can eliminate a student, and personality problems can be an eliminating factor even if the academic standards are adequate. Students can be accepted if there is a doubt and evaluated later - actually during the first few weeks. In our particular school the percentage we dropped were dropped within the first six weeks of the program. However, adequate selection alone cannot guarantee that a student can and will gain the necessary information and skills necessary to be successful in her chosen field of vocational nursing.

Most people enjoy doing what they can do well, because it gives them a personal sense of accomplishment. An educational program must not only select the right people - it may select the right people but it must provide the experiences and conditions that will encourage each person to do his very best.

No one has an answer that can apply to the solution of all problems faced by all programs. Each program differs as to the community needs and resources. Personal attention may involve more time and effort but it pays off in satisfied human relations. It actually pays off in good morale, in continued interest, and enthusiasm. I believe if we believe in the worth of the individual, we are close to the answer. A tentative guidepost in selection, I believe, in summary, would be that maturity of the individual does play a very important part in the success of a student in vocational nursing - motivation plays even a bigger role. Faculty, administration, and the community should work together to create an educational program in which the student is helped to learn what she needs to know in order to succeed in her chosen field of work as a vocational nurse. This certainly is no small task. I think we can finish by saying that getting together is a beginning - staying together is progress - and, working together is success.

SECTION MEETINGS

Tuesday Morning - April 9, 1963

SECTION I. - LENA VISINTAINER, Chairman

A. Selection of students

Points considered:

1. Mental illness questioned in application that students answer so that the school would know about it. Each student who has had mental illness should have individual evaluation. It was felt by the group that such a student should not use vocational nursing for therapy.
2. Physically handicapped
3. Certain illnesses - i.e. diabetes, epilepsy (Again, individual evaluation)

B. Are we too subjective in our selection?

1. Scientific means of selection
    a. Testing - Many types discussed: California Achievement, California Mental Achievement, Hunts, Otis, Illinois, and N.L.N. (Objection of N.L.N. was due to cost)

C. Student performance

1. Discussion on the merit of allowing applicants to have less questions to answer according to the length of time they have been out of school. Longer out of school, less questions. Compensation to the older applicant whose time out of school would be considered experience.
2. General consensus proved that the older student does better academically all year, and in State Boards.

D. Miss Visintainer announced to the group an article in the Practical Nursing Magazine, February, 1960, titled "What is your Selection Quotient" by Phyllis Delano. A pertinent subject presented in the article is "Testing is only one tool."

E. Discussion of other tools for selection

1. Interview
    a. Faculty
    b. Panel of hospital personnel interviewing each student and referring back to faculty
    c. Director from one of affiliating hospitals interviewing many of the applicants and reporting back to faculty as a group

F. Scholarships available to students

1. Alumni
2. American Legion
3. Women's Auxiliary

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SECTION II. - BELVA OLSEN, Chairman

A. Method of Recruitment (How to get people interested? Sufficient applicants for good selection.)

More problems, new schools or local - people transient (Navy wives, etc.)

Ways:

1. Careers Committee in area (panel 4 levels of programs - student representative)
2. Visit high schools
3. Nurses have booth, local fairs, or float in parade (example - 4th of July)
4. Public Relations Department College - use radio, TV, spot announcements, etc.
5. Hospitals - good rapport with nursing service, so that refer calls for jobs, etc. to vocational school.
6. Communications - Newspapers
   a. Junior college paper
   b. Shopping News (good for older age group interest)

Point 1 - High Schools - young age group no problem generally for interest methods above.
Point 2 - Older age group - more difficult
   (a) Open house - college - parents along with daughter become interested.
   (b) Volunteer groups (from hospital)
   (c) Information to night schools, usually older people.
School - Have reporter (paper) visit hospital - better story
   Problems: Administrator, Hospital permission and School Administrator's permission.
   Results: Good for recruitment.

B. Panel - Final Interview of Student

Example: Set day - screened applicants meet with
1. Faculty
2. Representative from each of the affiliating hospitals
3. Students evaluated by these representatives
4. This final panel screening - students meeting with hospital representative does only on faculty and admissions' committee applicants who have already been interviewed - tested - passed physical.
5. Primary purpose of Final Panel - Interpersonal Relationships with affiliating hospital (usually all students acceptable)

Negative aspects of such a panel
1. Student reaction to this: nervous, tense, etc.
2. Individual prejudice of hospital representative (not objective)

Another School - Gives name of the Director, Nursing Service where they will be assigned and student arranges interview and hospital tour if desired.

C. Instruments of Selection

1. Value of high school transcript - skill of committee to interpret transcript - how important grades.
   Conclusion: Difference of opinion - but just one other tool along with testing, etc. - to evaluate student - insure better selection.
2. Personality tests
   a. One school counselor works closely with school - did survey in program to pick 10 best students, 10 least adaptive
   b. One school counselor does all initial interviewing, accepting or rejecting student - no R.N. - (knows what school desires in candidate.)

D. Miscellaneous (brief points)

1. No schools using League Pre-entrance Test (None in present group of 24 - two had stopped using because of expense rather than worth.)
2. One school study between: The results from League test and Army general classification.
   Results: last, better correlation - less expensive.
3. Accepting students with high IQ and abilities above those expected of vocational student.
   (?) Student satisfaction - no conclusion.

Main Topics:
1. Method of recruitment
2. Interview - final panel screening student and hospital representative
3. Instruments of selection
   Point further here - some schools are using MDTA - difference of opinion on helpfulness of Employment Department screening - some good, some unfavorable.

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SECTION III - ALICE GREENOUGH, Chairman

A. Testing

1. Needed
2. Required
3. Standardizing of test
4. Types of test recommended
    a. Pace
    b. Gatbe
    c. Scat
5. Administering and interpreting of test

B. Health

1. Needed
2. Required
3. Standardizing of examinations
    a. To be done by approved M.D.
    b. Lab work to be done

C. Interviewing

1. Debatable if necessary for selecting
    a. Points for
    b. Points against

2. Standardizing of questionnaires
3. Standardizing of interviews

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SECTION IV - LILLIAN AUTLER, Chairman

A. Objectives: Further discussion on "Selection of Students." Pool best points of each program.

Criteria for selection of students (individual contribution). Intuition - frequently overlooked. Should there be a second interview? Does the school use a panel for selection?

1. Interview - Who interviews the prospective student?
    Faculty?
    Panel (how does the student feel about appearing before a panel?)
    Combination interview and panel.
    How much opportunity has the student to speak?

Panel - who is on it?
    Faculty members
    Hospital director of nurses
Interviewing techniques
    Interviewer detection of underlying problems not, initially, openly discussed by student: (Intuition?)

Meaning of "Selection of Students"
Are students accepted as probationary or are they selected as potentially strong students?

Drop-outs

Causes - are they due to poor interviewing or academic, financial, or family problems?

Conclusion

Re Interviewing: After academic testing interviewing itself is not sufficient for selection.

2. Recruitment - Recruitment is important.

Community education is essential. What is the V.N. program? Who attends programs?

Faculty members speak to high school students (contact and educate high school counselors first.)

Differentiate between R.N. and V.N. programs.

IDEA: Have local League units (careers committee) form panels, including students, to explain each nursing program (1, 2, 3, and 4 year nursing programs.)

Take advantage of high school - college "Career Day."

How can vocational nursing attract more male students? What will it offer him? (Can't use them only for "lifting".)
Salary.
Education - nursing is not only for women.

3. Written Application

Must know how to communicate
Prospects with language barriers may be detected.
(Detected through tests, also.)

NOTE: Must not allow emotions to sway decisions.

Suggested topics for written application:
  Autobiography (brief) with decisions made
  Open-ended question ("I like nursing because...")
  How student became interested in nursing.

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GENERAL SESSION

Tuesday Afternoon - April 9, 1963

TOPIC: TEACHING TECHNIQUES

PANEL MEMBERS:

Helen Schee, Glendale College, Chairman
Joan Morrison, Fullerton Junior College
Ann I. Piele, Oroville Union High School
Ida Meier, Santa Barbara City College

Helen Schee
Vocational Nursing Director
Glendale College

We are here today seeking ways and means of leadership toward achieving excellence, which is our theme, for our students as nurses and for ourselves as teachers. Mr. Smith reminded us yesterday that we can approach this goal in logical order, which includes careful selection and using competent instructors. This morning in the General Session and in the discussion groups we learned of the selection philosophies, procedures, and problems of some of the schools. Later it was demonstrated that the type of school, whether adult education, junior college, or other, and the social character of the community, will greatly influence the selection procedures. I am quite convinced that when the program itself is discussed later, it will be found that these factors influence the program, as well as its implementation. Teaching methods must deal not only with the content of the curriculum but with the selected student, and adjust for her social situation as well as the expectations and attitudes which she will find in the clinical area into which she must be fitted and where she will probably later seek employment.

To discuss their methods with us, we have recruited three teachers with varied backgrounds - they are Ida Meier, Joan Morrison, and Ann Piele.

Joan S. Morrison
Director, Vocational Nursing
Fullerton Junior College

As I look out at this very magnificent, imposing group today, I feel very humble, indeed, for I know you are all masters of teaching - you have a wealth of experience in nursing - you have rich educational backgrounds, and to think that I could add much more to your resources would certainly be presumptuous on my part. However, I am very happy to share with you some of my experiences in nursing and in teaching which might in some small way contribute to our ultimate goal of educating the vocational nurse.

Our subject this afternoon, as you know, is devoted to the all-important topic of "Teaching Techniques." I would like to begin by saying that a technique is as good as the one who implements it - the one who puts it into action. Who is this all-important person? It is you - it is you, the teacher. If you were to ask me today what I consider to be the most vital ingredient for teaching, I would say, "It is the teacher." You set the pace - you set the tone. In a certain sense what you do, your students will do; what you say, your students will say; what you are, your students will be. For like the sculptor that chisels the stone to his image of beauty, so the teacher molds her student to her image and likeness. We as teachers are a perpetual example - the students' eyes are focused upon us more than we realize - how we act, how we perform has a great influence on their learning. We have said the teacher is the one who implements the technique - the student is the recipent of this implementation. So, for a moment, let us consider the student. You have all heard the saying, "Crawl into your patient's skin and walk around in it for a while if you really want to know how he feels." I think we could apply this same thought to the student - the student is frightened - she is scared. This is a big responsibility - taking care of the sick. We hear so much today about the patient-centered approach to nursing, and certainly we all agree that this is where the focus of nursing education should be. But, you know, at the very beginning of the school year I like to think of the approach as "student-centered." Why? Because I try to crawl into the skins of these students and I try to think how they feel, and I think back to the day when I was a student - I was a green student, I was a "proby", I was so frightened that I know months of learning were obscured by dark clouds of anxiety and fear - I was too frightened to learn. So in the beginning of the school year I like to think of the student as a little embryo that matures rather quickly, is soon viable and is ready to assume the role of the nursing student. And, incidentally, this process of growth does not take very long. A basic fundamental which so often we use in nursing - we say, "The informed patient is the relaxed patient." Is it not true that the informed student is the relaxed student, and would you not agree that the relaxed student is more receptive to learning? Once the student can rid herself of these basic fears, she can tune in to what is going on around her.

We have talked briefly about the role of the teacher and the student - now let us put them together, the student-teacher, the teacher-student, and let us for a moment consider their relationship. You know, I thought and thought, and pondered how to express this to you today and finally I realized it was really very simple. It is this, at least I think it is this - the teacher must love her student and if she loves her student it is amazing what comes back.

I am sure many of you here today are familiar with the book, "Love or Perish." This was written by Dr. Blanton and I believe it was published in 1956. Dr. Blanton is a noted psychiatrist. Dr. Blanton states in his book, and I quote, "Love is the vital force, the essential ingredient that binds us together - without love in every form the collapse of life begins. Love is present in the laborer's devotion to his work, in the teacher's solicitude for her pupils, in the physician's dedication to his art. All that heals, cultivates, protects, inspires, all of this is a part of love." So I repeat, if you as a teacher love your student, you will want to give to this student the very best that is possible for you to give, and I really think the student will want to give her very best back to you.

You may think that I have drifted away from the subject a little bit but I don't think so because techniques of teaching mean very little unless a communion of spirit exists between instructor and student. You probably think I have overlooked the patient - no, for the patient is our reason for being. This is where we, together, devote our full strength and energy.

Now, I would like to go into the clinical area for just a moment, and since our time is limited, I will skip over the initial preparation of the student for the day which would include such things as the assignment, the nursing care plan, the conferencing. Assuming that this student has all the information, she is ready to go to her patient. She goes to the bedside of the patient and to my way of thinking, this is where the student is going to learn nursing. Because at this point nursing becomes a reality, it is no longer something out of a book - it is no longer something the instructor said - it is no longer something from the classroom - it is the real patient, it is the real thing. This is the heart, the soul, the core of nursing. The student is highly motivated in this situation - she wants to learn all that she can learn about nursing, and this imposes a grave responsibility upon the part of the clinical instructor. This is where your big job begins. How do we help our students to learn nursing? It is in this area of teaching that I use the technique which I will term, "the huddle conference." I simply, by the huddle conference, take the student from the room at a convenient moment and when they have not identified a problem, they are not able to solve this problem, we get into a little huddle - maybe there will be one student, maybe there will be three or four. We try to resolve these problems, to solve them.

We read so much today in current nursing literature about the nursing care plan, about identifying the problem, about solving the problem - what do they mean. Do you think that the student, when she goes to the patient, can identify her problem, that she can solve her problem; I don't think so. I think the instructor in this particular area just merely guides and assists the student in recognizing and solving her own problem. When I take students in for a "huddle conference" I try to get them to recognize their own problems, because once the student recognizes the problem and identifies the problem, she is not going to forget. I would like to use a very simple example. The other morning I went into a patient's room, a nice gentleman, I took one look at him, he was in a terrible position, the pillows were not where they should be, he was in a corkscrew position in bed - he was eating his breakfast, his elbow was almost in his cereal. I looked at the patient and I thought, he needs to be straightened out, and the little student (she is a good student) was standing at the bedside, she was smiling, she was very solicitous, she wanted to render all the care he possibly needed, but do you know what was going through her mind - she was thinking, I have got to take care of his dentures, I have to check his blood pressure, and then check with the doctor - you see her head was full and she missed the very obvious problem. I didn't want to tell this student about her problem, I wanted her to recognize it herself. So, this is where we go out for our little conference. In begging and pleading I couldn't get the answer from the student, so I said to her, "you go back into your patient's room and on the chair is a blanket, would you please put the blanket into the cupboard and then would you please look objectively at the patient and just pretend he is not your patient at all. She came back with a big smile and she said, "I know what you mean, Mrs. Morrison, he didn't look very comfortable." I said, "No, he doesn't - we talk about respiration, importance of breathing, digestion, circulation, body alignment, and here it is, right here," and it was very obvious but so many times the students are trying so very hard that it is very difficult for them - sometimes they don't recognize the most obvious problem. I could go on because I use this type of thing fifty times a day but my time is limited and I have one little last tidbit that I would like to give you. I really beg your forgiveness because I am afraid you will think I am bragging, but I don't intend for it to be. It was the end of January, I had assigned two students to two very sick patients. I knew this would be a challenge, also I knew it would be quite a responsibility. The first two days these students were with these patients they did a beautiful job - they established a relationship with their patients, just beautiful, and time went on, and one morning I was walking down the corridor of the hospital when one of these patients came out from her room and she took hold of my hand and said, "I am looking for your students, you know I am going home this morning and I want to say goodby to them because they were perfectly wonderful." I said, "Thank you very much, because I think they are pretty wonderful too." She said, "It is not only that, they were by far the most efficient nurses we had in our room." I am very well aware of the fact a patient is not in a position to really evaluate nursing care but it was a reflection that these students had really met many of the needs of these patients. This is the reason I am telling you this - these little embryos that I told you about matured rather quickly, they were only five months old - if they could do this in five months, think of what they can do in twelve months. So, I take my hat off to the people who set up our curriculum in such a realistic way that we are able to accomplish this with our students.

Ann I. Piele
Director, Vocational Nursing
Oroville Union High School

"Prepare to be startled but don't let it show" is the advice I would give anyone who is making a career of instructing student vocational nurses. It amazes me - I have many grandmothers in my class, they have had their children and their grandchildren and when we start studying the reproductive system they will say, "Oh! Is that what happened?" Anyhow, the rewards far exceed the moments of surprise and dismay that we encounter now and then.

When the students are selected, as we mentioned yesterday, they should be highly motivated - that is one of the reasons we choose them as students. I feel after they reach us in the classroom we should help them become even more highly motivated. Again, I think the teacher has a lot to do with this. If she is interested and enthusiastic, the students will be too. On the other hand if she acts like this is just another day's work, again the students will soon reflect this attitude. So, one of the first things I begin doing in the classroom is establishing a rapport with my students, and also help the students feel comfortable with one another. We are going to have to spend twelve months time together, we are going to have to stick together and I think this is one of the first steps that each student should realize. Now, I don't say that they can always love one another; perhaps they can't get this close, intimate feeling, but they can have an understanding of one another and an appreciation of each other's fears and accomplishments, and they should share. Of all things, we can't be selfish. I feel that the students are people and we teach them that patients are people too.

I have a little thing which I call "controlled permissiveness" - it sounds sort of odd, doesn't it? If the students are comfortable enough to ask questions, I think they will progress much more rapidly. I am quite sure some of you have had students say to you, "This is a stupid question." No, it is not a stupid question if they don't know the answer, and how can you expect them to. Occasionally I have heard RN's that can't quite understand why the student doesn't know this or that. "Haven't you taught them this, haven't you taught them that?" So, I say to the RN, "Were you born knowing everything?" It has been so long ago that they have forgotten that they didn't always know. They sort of remark about that one little statement that I say so often, "You must remember that you had to learn too. Be patient with these women." I think that too often we think that some of our students who are our age, or older, should know simple nursing procedures - but they don't. I am quite sure if they should send me out to the garage and tell me to repair the motor in the car, old as I am, I would be quite lost.

One of the techniques I use which I have found the students enjoy, in fact they have told me so, is that I ask my students at the end of their school year to write a typewritten, unsigned evaluation of my teaching - and it has been most helpful. They have told me they have enjoyed this one thing I do immensely.

As soon as the students are out on the clinical area they have one patient to begin with. They can't do the dressings, give the medications, all the very first week - they couldn't possibly, but I ask them to take the patient's chart, read the history (some of the terminology is certainly out of their comprehension) but they do come to class with all this information, the treatments, the medications, the way the patient feels (the way they think the patient feels) and then we discuss it. Supposing it is a cardiac patient who is receiving digitalis - Well, digitalis is a new word to us, so we talk about digitalis and why it is given - what are the signs of intoxication, how does it affect certain parts of the body system. They all agree that this is most helpful. Each student is prepared to give a resume of the patient she took care of that morning and understandably they can't all give this report every day - they know this, so they are called on at random. Each student is prepared each day, she will be called on shortly, within the week, but we all benefit. In our hospital we have many geriatric patients and perhaps one student has taken care of one of these patients for a week and then one of her classmates is assigned to the patient - she is having some difficulty in carrying out certain procedures, or something. We discuss this in the classroom and the student who took care of the patient the week before will say, "Have you tried this or that?" and so they help one another. We talk about constructive criticism and this is the way it works - I let the students help me teach. We stress over and over in the classroom, how the patients feel - they are deprived of many privileges, their clothes are taken away from them and they have many restrictions placed on them. The student, we hope, is able to make them more comfortable - that is what we strive to do. I ask them to do their own evaluations as far as patient care - to stand back and look at the patient, look at the unit, are they satisfied? Is that what they would like if they were the patient? Then, when I come along there is not much left for me to evaluate - they have already done it. We keep stressing over and over that a patient's hospital experience should be as pleasant as it can possibly be, even though we do know there is pain connected with it. Incidentally, I ask my students never to walk into a patient's room, especially a child (say they were to give the patient a hypodermic) and say, "This won't hurt." I can't imagine why, but I have heard our RN's say, "This is not going to hurt," when they know darn well it is. So, they have accomplished nothing. The students say, "I realize this is going to be uncomfortable, it won't take but just a little while - will you help me?" Get the patient's cooperation. How does the patient feel - he has a right to some of his ideas being recognized too.

I have already mentioned that we do use discussions in the classroom to solve one another's problems. I find that the majority of my classes are very good doing this. I think that some classes, and I think all you folks know this too, have personalities. No two classes are ever the same, but I find the majority are wonderful people to work with, and to tell the truth, we have fun. When I went to school everything was so strict and stern, and the first month I taught I was going to be strict and stern too. It about killed me, so I asked the high school superintendent, "Do you mind if I am not quite so firm?" He said, "no" so from then on we just had a real good time. I really enjoy teaching more than anything else I can possibly do.

Well, back to our evaluation, if I do find that the students have to be criticized I feel they should be criticized in private, and praised in public. Lots more praise than criticism - we all like it, so why not recognize the things they have done well and praise them for it, and occasionally criticize, again using constructive criticism.

I would like to leave you with a little thought that James Stevenson, a poet, recently said, "I have learned that the head does not hear anything until the heart has listened, and what the heart knows today, the head will know tomorrow."

Ida M. Meier
Director, Vocational Nursing
Santa Barbara City College

I would like to say that I think I would be much more at ease in a demonstration room, actually teaching students, than trying to tell you how to do this or how to do that. Some of these things come more or less naturally and when you try to pick out the way in which you do them and try to explain them to people it becomes rather difficult.

I am the Director of the nursing program at Santa Barbara City College. This program was established in 1957. Miss Oster and I came to California the year before to retire and this is how we have accomplished this. Before I took the job at Santa Barbara City College, I had a short spell on the Board of Nurse

Examiners, where I learned considerable about what was going on in nursing in California. That kept me away from home too much so I sent in my resignation and before the ink on the letter was dry I had a call to take the position at Santa Barbara City College. Because it was a program that dealt with teaching students at the patient's bedside, I was very anxious to take it because fundamentals of nursing, bedside care of patients, is really my strong suit - I love it and I am happy when I am at the bedside with the student, teaching her from my experience how to take care of the patient in as good a way as I know how to teach her. Speaking of experience, I think I can claim almost as long a service in the nursing field as any of you here, perhaps longer - it is over 40 years since I began teaching students. True, I did begin as a senior nurse, assisting the practical nursing instructor and the science instructor, as they were then called, and I have gone on in that capacity. I was nursing arts instructor for 17 years and then went on to positions as nursing service administrator, and principal of a school of nursing for another 17 or 18 years, always with the interest of nursing education. Here in Santa Barbara, when I arrived, it was September and the program was ready to begin, or get the approval of the State Board of Nurse Examiners. Mrs. Cynthia Barnes, whom some of you know, had done much of the ground work preparing the program for approval so all I did was come in and take the directorship and together we worked out our program. Fortunately on the basis of the proposed curriculum changes we did not go into the old routine of so many hours of this and so many hours of that - we integrated the program, inter-related the things we were teaching the students about the patients in view of the final adoption of the proposed curriculum. Mrs. Barnes and I worked together for three years and then she decided to take a leave of absence so that she could come back and take the directorship of the program to give me a chance to retire. Instead, she got another position in which she was more interested, down in El Camino. Miss Oster, who had given up her position, volunteered to take over the position that Mrs. Barnes had left for the one year, then she was stuck with it for that year and ever since. Miss Oster has excellent preparation - she has a BS degree from Goucher, a MN degree from Yale, and a MA degree from Teachers College. She has had public health nursing, she has worked with Dr. Gesell in the Child Clinic in New Haven - she has a good background.

I think the enthusiasm that our instructors have shown has been absorbed by the students in such a way that they are our best advertisement for the program so that we have had a much better enrollment in the past few years since the program got underway. This last year, because of our increased enrollment, we had the addition of a third instructor - Miss Henriella Stiles. She is a graduate of the Maine General Hospital in Portland; she has a BS degree from San Francisco State, and a MS degree from the University of California at San Francisco. In addition to this she has had very excellent experience in medical and surgical nursing. Her enthusiasm is great - it is a joy to watch her teaching the students at the bedside and to hear her comments about their adaptations, and so on. I feel that we have a good program at Santa Barbara City College.

When our new students come in we use a technique which perhaps many of you also use. We try to put them at ease as much as possible. They feel strange, they come in as individuals, they are joining a new group, each one of them an important part of the whole group. We try to make them realize this and impress upon them that their actions from now on will reflect on the whole group, and we try to inspire them with keeping this in mind as much as we can. At this time we ask them to give a little resume of their past experiences so they will feel comfortable in the group.

At this time we introduce the philosophy of our program and our plan for carrying this out. We consider individuals as "wholes" made up of many individual parts - all closely related - none of which can function without affecting the other. So long as they all function normally we have a state of "ease". If one or more parts do not work in complete balance we have a state of "dis-ease." From this point we study the various systems of the body showing how they are inter-related chiefly through the central nervous system. As the systems are studied we correlate simple pathology with each and then discuss nursing procedures necessary in each area.

As we begin to take care of patients who are ill we discuss the basic underlying principles that are related to the various procedures which the student has to learn. For example, when we teach irrigations to the student (usually the first one is the irrigation of the lower intestinal tract, or the famous enema) we teach the physical principle that the height of the container increases the pressure of fluid and that fluid exerts pressure in all directions equally in a closed cavity. I try to demonstrate this with a little makeshift procedure, using a rubber balloon. It is amazing how this impresses the student, especially when the container is held up high as in the old-fashioned high enema. As they observe the balloon expand quickly they have a realization of what kind of pressure this would make on the surrounding organs and how difficult it would be for the patient to retain that fluid if it were introduced into the intestines too rapidly. I have also put a gallon jug of water on top of the balloon and let the water run in slowly to show them how the water raises the jug full of water off of the balloon because of the pressure it exerts in all directions. This kind of demonstration usually impresses the student most emphatically. Then we include discussion of other principles, psychological, anatomical, etc.

In relation to aseptic technique, we teach surgical aseptic technique first and then we correlate it very closely with the principles of medical aseptic technique showing the difference between the two. In one instance we try to keep the infection away from the patient and in the other instance we try to keep the infected material which the patient is giving off from one body cavity or another away from the nurse or other patients and individuals in the hospital and in the community. Then we discuss the instances when both of these techniques are used on the same patient - one who is in need of surgical aseptic technique as well as medical aseptic technique. After we have demonstrated and discussed these in the classroom, we take the students to the geriatric department of the general hospital and under the very close supervision of our instructors the students give beginning nursing care to the patients. Each of us takes one ten-bed ward and we take the responsibility of giving total care to all of these patients. We have the students observe symptoms and report them, learn the procedures for making the patients comfortable, etc. At this time they also observe the work that is being done by the physical therapist and the occupational therapist in rehabilitating these patients.

During our second semester's work the students spend more time in the clinical area. They begin taking care of the mother and the newborn baby - the well baby, then they go to the sick child and from there to the sick adult, either with medical conditions or surgical conditions, or a combination of both. We cannot separate these and we give the students an opportunity to observe many types of conditions among these patients. Miss Stiles, in the surgical area, sees that each of the students has an opportunity to go to the operating room with a patient. First the student prepares the patient for operation then she accompanies the patient to the operating room where she observes the operation. From here the student accompanies the patient to the recovery room and works with the recovery room supervisor while the patient is coming out of anaesthesia. When the patient returns to the floor the student is assigned to care for him for the next three, four, or five days. She watches him progress from a critically ill patient to one who is almost completely recovered. The students enjoy this very much and get a great deal out of it. All of this time we expect the students to keep an account of the kind of patients they care for, and particularly the learning experiences they have had in relation to the care of these patients. They hand these reports in once a week. They are assigned to outside readings in relation to the diseased conditions of patients for which they are caring. Interpersonal relations and attitudes that they should employ in the care of their patients are also stressed at this time.

During the summer session, or the third semester, the students begin to work more directly with other groups of workers in the hospitals - the so-called team nursing. They take on responsibilities under the supervision of the team leader to a certain degree and in this way they care for more critically ill persons and they have more experience in observing the conditions of the patients, recording the observations, etc.

In the classroom we discuss the patients and their conditions very thoroughly as the students come back with their daily reports of the patients. At this time, also, we discuss professional adjustments, the legal aspects of nursing, the particular place of the L.V.N. in the hospital and what she may and may not do in particular situations. Then we discuss job descriptions, job responsibilities, etc., in preparation for completion of her program, when she will be going out into the field as a graduate licensed vocational nurse.

The students are a part of all school activities. At commencement time in June they are given their caps. Graduation exercises for the vocational nurses are held at the end of their program, in September. Throughout the whole program we try to guide and counsel the students to become kind, thoughtful, intelligent, competent nurses so that they may give the best possible nursing care to their patients.

SECTION MEETINGS

Tuesday Afternoon - April 9, 1963

SECTION V. - **HELEN SCHEE**, Chairman

Teaching Techniques

Questions discussed:

I. How do you like the student's unsigned, typewritten evaluation?

There seemed to be general agreement that this was valuable

II. How prevalent is permissiveness on the part of the teacher?

1. Methods of permitting the student to participate
    - a. Pre-nursing and post-nursing care conference
    - b. Helping the student to judge her readiness for a difficult assignment
2. How do you establish a degree of permissiveness compatible with vocational level of nursing?
    - a. How do you control discussion in the classroom? Both the teacher and students set limits
    - b. Vocational Nursing classes are composed of self-directing adults who have some limits from the teacher
3. How does the student make transition to worker when she has learned in a permissive atmosphere?
    - a. There is need for the student to learn her place in the nursing service structure
    - b. Do we use more advanced students to orient the less experienced?
    - c. When in the curriculum is the transition to worker begun? Most schools begin very early (first few weeks of clinical experience)

III. Use of evaluation in clinical area as a teaching tool.

What methods are used in clinical evaluation?

- a. Checklists with rating scales
- b. Use of self-evaluation - verbal and with forms
- c. Student-teacher conferences
- d. Anecdotal records
- e. Laboratory exams
- f. Use of ward personnel (head nurses and team leaders) as aides to evaluation

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SECTION VI. - JOAN S. MORRISON, Chairman

I. What contributions do any have for or against some teaching techniques?

1. How do we get students to think, read, follow directions?
   - a. Early in course, read, write it. Short written test with set directions - with penalties gradewise about the directions. Students learn by sad experience, but not fatal.
   - b. Many have been a long time away from school and need to reinforce their study habits. Assist, practice, stimulate, prepare their study habits and ther share.
   - c. Build up from the simple form or technique to complex - have a goal and habit pattern established.
   - d. Try not to go too fast or be over their heads.
   - e. Pre-conference - Post-conference
     Most important - use team leader

2. How much teaching in classroom and clinical area - relating and tying in.
   - a. Some start 3rd or 4th day on clinic - some 2nd or 3rd week - Some ?
   - b. Direct teaching of bed bath, injections, positioning, by principle knowledge without return demonstration take them out to patient and with close supervision direct, teach, assist the "procedure" before and after, over and with the patient - do and evaluate.
   - c. Teach,aid, correct spelling.

3. Evaluation - Law - How?
   - a. Should it be at midterm - final - monthly - weekly - short, surprise quizzes?

4. Textbook
   - a. De Lee's - Shaeffer - Zabriske - Price - Rapier
   - b. Outside reading - Definitely, care, plans

5. Audio Visual
   - a. Teach according to systems - yes and no - but correlation and inter-relating - all parts of body are the total care.

6. Patient care -

12 months program	18 months program
1 for 1st semester	2 patients only
2 for 2nd semester	Work during summer for experience
3 & 4 last 2 months, maybe	Tie in on last semester

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SECTION VII. - ANN I. PIELE, Chairman

I. Teaching Aims

1. To make students employable
2. To provide students happiness in their employment
3. To prepare students for State Board Examinations
4. To provide graduates to meet the needs of the community

II. Job Possibilities

1. Doctors' offices
2. Private duty nursing
   a. Home
   b. Hospital
3. Visiting Nurses' Association
4. Hospitals, general duty
5. Convalescent homes
6. Veteran and Military Hospitals
7. Peace Corps
8. Clinics
9. Colleges and Senior Citizen Infirmary
10. Public Health Nursing
11. Industrial Nursing
12. Retarded Children

III. Preparing the student for a work situation in the hospital

1. Organization of work load

   a. Progesssive responsibilities
   b. Daily identification of nursing objectives which are handed in on written cards. These cards are then graded by instructor.
   c. Instructors gain objectivity in student evaluation on the clinical area by carrying 3 x 5 cards. On-the-spot comments are recorded by instructor for future reference and counseling.

IV. Teach by principles rather than by procedures

1. Teach by positive aspects, not by "precautions"
2. There is always more than one method in which to perform a nursing skill. Students must learn the principles and adapt to the situation.

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SECTION VIII. - IDA MEIER, Chairman

I. What is the definition of a LVN?

1. Found in ANA Practice Act, statement of functions. Difficult to define except as defined in Practice Act.

   Area of responsibility constantly shifts among nurses.

2. Only guides available to schools are the "Law and Regulations"

   Curriculums are individual for each school. It must come from the school.
   Over-all plans for program must be on file in office.

3. Easy to become too technically involved. Where does a teacher stop?

   Students questions deserve an answer
   The students' textbook furnishes a good guide but may be supplemented.
   A nurse must be "people oriented" no matter what level involved.
   Some students' level of learning is much higher than others and this is aided by problem solving technique. It is impossible to define the depth of the V.N.

4. Textbooks

   The Board is unable to recommend any specific texts.
   They are allowed to give an opinion if requested.

II. Try to adapt extra curricular articles and information to current situations.

   Ways of choosing learning experiences for the week.

   Discuss and teach a specific disease when a patient with that disease is in the hospital, and enable students to observe that patient's care.
   General routine patient care is most important for the student's training.
   Good personal hygiene, good elimination, good interpersonal relationship is most basic nursing care. V.N.'s are taught this general care and any specialties should be taught by the employer.
   Transfer of learning is most important in teaching.

III. Role playing - a method of teaching - problem solving later - useful in learning skills and adapting knowledge

Students take roles of both patient and nurse - some roles planned and some spontaneous.

How many use psychiatric experience?
One school replied that they go to the state mental hospital after the third week for two months. Medical surgical care related to psychiatric care during this time.

Does anyone use public health facilities?
Well-baby clinic available to students as follow-up of care.
Some LVN's work in homes - varies in areas
Possible to have single student accompany school nurse for a day.
Visiting Nurses Association will aid in training.

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GENERAL SESSION

Wednesday Morning - April 10, 1963

TOPIC: PROGRAM EVALUATION

PANEL MEMBERS:

Verna C. Berens, State Board of Vocational Nurse Examiners, Chairman
Dr. Mitchell P. Briggs, Accrediting Commission for Senior Colleges
Wilma Hiatt, Bureau of Junior College Education
Sister Mary Anita, State Board of Vocational Nurse Examiners

Verna C. Berens
Member, State Board of
Vocational Nurse Examiners
Bakersfield

I would like to say as a member of the State Board of Vocational Nurse Examiners, I am most happy to have been invited to participate in the workshop and have the privilege of meeting so many of you instructors. As you will notice from your program, the panel discussion topic this morning is to be "Program Evaluation." Our first speaker on the panel is the Executive Secretary, Accrediting Commission for Senior Colleges. He received his Bachelor of Arts degree from Morningside College, his Masters degree from the University of Washington, and his PhD at Stanford. He began his career in education as a high school teacher in Iowa, then came to Fresno where he served as a teacher in the high school and junior college, and was later appointed Professor of History at the Fresno State College. In 1948 he was appointed Dean of Instruction for Fresno State College, in which position he remained until his retirement. Upon his retirement he became Executive Secretary of the Accrediting Commission and now holds that position. I understand he is also the author of several books. It gives me great pleasure at this time to introduce Dr. Mitchell P. Briggs.

Dr. Mitchell P. Briggs
Executive Secretary, Accrediting
Commission for Senior Colleges,
Western Association of Schools and Colleges

Frankly I didn't know just what was ahead of me this morning so I am going to talk informally about accreditation - some of this will not affect your work directly but I think will give part of the background of the whole evaluation program.

Accreditation of collegiate and secondary schools is distinctly an American invention, for better or for worse. It is one of our several American phenomena. People in other countries really don't know much about it, and for a very good reason because practically only in the United States is education as independent as it is here - the fifty states doing what they please. I don't know how many thousand local school boards are also doing more or less as they please insofar as the state regulations permit. Consequently there is a tremendous variety of standards and lack of uniformity in our whole educational program, and, of course, in one sense there is no American system of education. You know that in European countries, generally, there is a Ministry of Education, and the Ministry of Education controls education through the whole program. Institutions offering degrees are controlled by the Ministry of Education. I remember a few years ago when I was in Vancouver visiting with some people at the University of British Columbia, one of the Deans said to me, "We don't know what you mean by accreditation." They said, "We use your lists, of course, but we don't see much excuse for it." Why should they - in the whole Province of British Columbia there is only one institution that has authority to grant degrees. I was curious then so I looked up an American state with approximately the same population, and it happened to be Kansas. Kansas at that time had 18 accredited colleges and heaven only knows how many unaccredited places that call themselves colleges. In the United States because of the autonomy of our educational units, local, religious, statewide, and what not, there is no uniformity, with the result a great many years ago various units of professional bodies and collegiate groups thought there was a need for establishing some standards, with the result that our accreditation program has grown, and grown, and grown, and most people think it has grown altogether too big. Thus we have in the United States six regional accrediting associations, and by mutual agreement the fifty states and territories have been allocated to one or another of them. They are: the New England Association covering the New England states; the Middle States Association, with jurisdiction over New York, Pennsylvania, and that central Atlantic area; the Southern Association, with its obvious area of authority; the North Central Association with its headquarters in Chicago and covering all the nineteen states from West Virginia to Arizona; the Northwest Association, with jurisdiction in the several states in that area, including Alaska; and the Western Association, including only California, Hawaii, and Guam. In addition to these six regional associations, which are general accrediting agencies, there are some twenty-three professional, or specialized, agencies that have been approved by the National Commission on Accrediting, and which are concerned only with the disparate segments of the colleges and universities they evaluate. I must say a word about the National Commission.

Professions and disciplines such as law and medicine, and chemistry, and engineering, have been in the accrediting business for a long time and it was only natural that every other discipline and every other profession, or semi-profession, would want to get into the act and come into colleges and universities and examine one segment of the college program. So, some dozen years ago, a group of university presidents banded themselves together into an organization, or created a new organization, called the National Commission on Accrediting for the purpose primarily of reducing the number of specialized professional agencies, and if that couldn't be done very successfully, at least keep out a lot of others that wanted to get into the act. Because, in a big complex university there is hardly a day passes but what there is an evaluation team on the campus working at some segment of the university program and attempting to dictate to the university exactly how the university should be organized in order to obtain accreditation by this particular group.

The National Commission, let us be frank, has not succeeded in doing the total job that the organizing university presidents thought it might be able to do. Many accrediting agencies were too firmly entrenched. However, the National Commission has refused its approval, has denied its approval, to many other groups that have been trying to get into the accrediting program. However there are 23 now approved by the National Commission and the six regional associations work in close conjunction with these approved specialized agencies. Normally when we visit a college or university we visit it in conjunction with such specialized programs as the university is concerned with. None of these specialized agencies will come into a college or university until it has regional accreditation and then only upon the request of the President of the institution. I am saying then that accreditation in the first place is purely an American institution deriving directly from the autonomy of our whole educational process and deriving from the lack of uniformity and the lack of any national program or standard for education. Now, to what extent does an accrediting agency do the things that it claims to be doing? Ideally we think that an accrediting agency should at least contribute in three ways. In the first place it sets a floor below which it won't go - if an institution wants to be on the accredited list it must meet certain standards. On this point, however, I must emphasize that increasingly it becomes true that all accrediting agencies are less concerned with specifics, with objectives, definable, accountable standards than was formerly true. For instance the American Chemical Society formerly was very specific, and it is still pretty specific, may we say facetiously, counting test tubes, square feet, and that sort of thing. And, the general accrediting agencies were much more objective than they are now; the number of books in the library, the number of PhDs on the faculty, the salary schedule, specific equipment in the laboratories, etc.

Now, we are not minimizing the importance of items that can be counted and measured. We know that a college library must have books, but we are much less concerned with the number of books in the library now than we used to be. We are much more concerned with what those books are - whether they are suitable to the college program, and finally whether they are being used. While all accrediting agencies and associations have standards, the tendency is to make them less and less objective, more and more subjective, but a subjectivity based upon a body of data and a subjectivity employed by people that, we hope, are somewhat knowledgeable in the area that is being evaluated. This is the sort of thing that is easy to get a conception of but difficult to describe in very specific terms and, frankly, there is some criticism of it. There is some criticism of it in this state for instance. There are those people who say that an accrediting agency should identify specifically that these are the things it is looking at, it will ask for a checklist - are these things there, and if they are there the school is accredited and if they are not there, it is not accredited. In my opinion, fortunately, these people are in a minority because we believe there is a whole lot more to a college or any kind of an educational institution than bricks and mortar, and numbers of books and numbers of test tubes, there is an esprit that we are all familiar with and which we all think is important. I am saying then that one of the services of any accrediting agency is to establish standards below which it will not go in the acceptance of an institution. But, I modified that by saying that these standards are becoming less and less objective.

So, then, having standards and having evaluated and looked at institutions on the basis of those standards, a list is prepared. These institutions are accredited and institutions not on this list are not accredited. In the second place an accrediting agency serves this function, we think it compels an institution to take a close look at itself. Now you wouldn't think educators would need any outside stimulus to induce them to take a closer look at themselves but educators are like everybody else, they often need an outside stimulus to do what they should. In any case, when an institution is applying for an accreditation visit, it must prepare a very elaborate application - an application based upon a self-study - a self-study which, in turn, is based upon a set of schedules that the accrediting agency has presented. Many of you people are from junior colleges that we have visited and you know what I am talking about, and you know how much work is involved in the preparation of one of these applications. Some of you may have groaned and grunted and complained about having to do all this work, but the plain fact is it was the accrediting agency that made you do it, and after it was done, you and your associates and the administration, and others in your institution, knew a lot more about that institution than they knew before. I remember, particularly, talking to a Dean of one of our very finest liberal arts colleges in this state and the question came up whether or not we should extend our period of accreditation (our maximum period now is five years) to ten years. He is the Dean of what everyone would agree, I am sure, is one of the finest liberal arts colleges in the state. He said, "I know it is a lot of work but I wouldn't know what is going on in this institution if we didn't have to do this every five years and I think we should continue to do it."

At any rate, one of the services that accreditation renders is this compulsory self-evaluation which institutions are compelled to go through about every so often. As a result of that self-evaluation discoveries are made, we hope, for improvement - at least for change. As I heard the other day one of the arguments in favor of change is at least it is a change, whether it is an improvement or not.

A third service, I think, that accreditation renders is the service to the general public in giving the general public, parents, students, employers, everyone, some assurance that an institution on an accredited list meets certain standards. Unless you were involved as closely as I have been in this I am pretty sure you wouldn't believe how many institutions that are functioning under the names of colleges and universities are not colleges or universities at all - they are pure and simple diploma mills. We have been working on this for years and years but we don't seem to be able to get legislation that will crowd them out. I can tell you where you can get a PhD for $300.00 if you happen to need one - it won't do you any good, but you will have it at any rate. I have seen some letters - I remember two letters in particular from a widow who had been induced to send money to get a degree from an institution in San Diego that was operating out of a massage parlor. She had been assured that if she got this degree she would be able to teach and inasmuch as she had two or three children to educate she sold her home to pay for her so-called education and found it was of no value at all. She wrote these pitiful letters asking for a refund of her money. There are institutions that are not that bad but still aren't very good. So, I say, accreditation gives the general public some assurance that an institution on an accredited list is an honest institution at least. It may not be as good as some others but if a student goes there and applies himself, there is reasonable assurance that the education he will receive will be recognized as an education.

I want to say one other thing - let no one think that we in the accrediting business believe for a minute that all institutions on an accredited basis are equally good. Of course that is not true. We have on our accredited list in California some 78 senior colleges and universities and you know there are not 78 senior colleges and universities in California all uniformly good. And, sometimes you hear representatives of the so-called better institutions say institutions should be graded, that this list would be of more value to the general public if the institutions could be graded from 1 to 78, or at least in three or four or five different categories. Well, when that comes I don't want to be around - I don't want to have the job of grading them. But, there is a demand for that sort of thing and I get many letters asking me, for instance, "You have four big universities in the state, please grade these 1, 2, 3, 4 - I want to go to the best one." That isn't the job of the accrediting agency - consequently I put you on your guard against thinking all institutions whether they are high schools, junior colleges, senior colleges, or universities, simply because they are on the accredited list, are of uniform quality. What we say when we put an institution on the list is only this, "We think this institution is an honest institution, it is attempting to do a good job, and it has at least minimal facilities to do the one thing or the several things that it says it is doing." We attempt to look at an institution in the light of its own stated objectives. Simply because the institution is on the accredited list doesn't mean one can get a major in chemistry or astrophysics. If you read the catalogue you will find what the institution says about itself and if you find it on our accredited list you at least know that we think it is doing a respectable job for the things it is designed to do, and the things it says it is doing.

Verna C. Berens
Board of Vocational Nurse Examiners

The next speaker is the Consultant for Nurse Associates in Arts Nursing Project, Bureau of Junior College Education. She received her formal nursing education in Huntington Memorial Hospital in Pasadena, her Bachelor of Science at the University of Colorado, and Masters degree at the University of Washington. She has served as Head Nurse and Consultant in Nursing on the faculty of Pasadena City College during the development of the pilot program for Associate in Arts RN program - served one year as Educational Consultant for the California State Board of Nurse Examiners, and is presently employed by the California State Department of Education as State Consultant in Nursing Education for our 5-year project, funded by the Kellogg Fund - this is concerning the 2-year RN program. I am very pleased to present Miss Wilma Hiatt.

Wilma Hiatt
Bureau of Junior College Education
Consultant, California Associate
in Arts Nursing Program

I was very pleased to be asked to meet with you. Many of you I know from either working with the League or working with the junior colleges or working in nursing, and those of you whom I don't know I still feel a comradeship with because we are all in nursing education and this is the field in which we all share our great challenges - and sometimes problems.

It was interesting at this conference that the two keynote speakers both spoke about vocational and technical education in the junior colleges as the field that is becoming increasingly nationally recognized as one of the major, if not the major, aspect of the junior colleges' contribution to education. Not meaning to imply that the liberal arts and transfer curricula and the very fine lower division college offerings are not important - they are, but other colleges give this also, and our particular emphasis on vocational-technical education is a job that no one else is doing and it is terribly important. So, I think you can expect to find that your teaching contribution is going to be more and more recognized and, of course, your responsibilities will increase along with that recognition. I think of all the curriculums in the junior colleges probably the curriculum in the health field, and that includes nursing, is the curriculum that is going to receive increasing emphasis and again is going to demand more and more of you in your contribution to the needs of the community.

Now that I have talked about the last two days, I will get down to this morning. As I understand it, our objective here this morning is to explore together some aspects of program evaluation and to try to provoke some thoughts and some discussions which will take place later in your discussion session. I would like to begin by sharing with you some of the connotations and meanings that I see in the phrase, Program Evaluation. When we talk about the vocational nursing program we talk about a composite. It is a constellation of the total forces and resources and circumstances which eventually have the educational effect of changing a newly admitted student into a competent beginning practitioner. Of course there are many objective and subjective aspects to this, and many subtle things which are a little difficult sometimes to keep in mind when really trying to evaluate your program. In my thinking the term "program" would include all your physical facilities, your classrooms, your offices (even your files if they are inadequate and you can't find something when you need it) that affects your total operation. The term "program" also includes laboratories, your clinical practice areas, such teaching resources as your textbooks, your library holdings, your audio-visual aids - it includes your services to the students, their admissions and registrations and counseling services, health services, and employment services, if these exist. It includes your course content and your teaching methods, the learning experiences that you provide for the students and select for them. And, of course, an essential part of your program is the selection of faculty, the standards that are required of them when they begin employment and as they continue employment. It includes the retention standards for students, what they have to do to stay in the program and progress through to graduation. And, derived from all this, and a part of it too is the climate in which these students learn and in which you teach. This morale or spirit which Dr. Briggs also mentioned is something important in the college. All of this is supported by administration, by the budget, by the administrative policies, by the relationships to the total college, and to the community. The vocational nursing program has some rather unique aspects to it which have to be recognized and which may get a little bit special compared to evaluation of other programs perhaps in the college.

Some of the rather particular aspects are the fact that you use as a laboratory an area which is not usually an educational institution - in other words, you are a part of a college but a great deal of your teaching takes place in what we might call an extended campus - the hospital, and therefore you are subject to two different educational settings. Another is that your faculty group is usually small - I don't know what the average is but I would imagine two or three teachers per program would be not too unlike the actual figure. Another is that you teach a rather closely knit curriculum - most of the subjects have a direct relationship to the student's major, and to the field of nursing. One other thing that I might mention is the number of hours that you spend in teaching - this is worked out according to formulas at the college and is appropriate to your assignment but it does make a difference in the amount of committee work time you have, the time you have to contact other college faculty, and the hours that are available for an evaluation program.

We have talked about "program" and I would like to talk a little bit about "evaluation" as a word. Again, if I were to ask all of you to define the word "evaluation" I imagine one of the common synonym phrases would be "to judge." This is a common meaning of the word "evaluation" to most people. Another might be "to measure against a standard" or "to assign a value." I think all of these meanings are inherent in the word "evaluation." You may have some meanings of your own which are a little different. In any case, it is a course of action that results in a decision about quality. As Paul Dressel puts it in his book on Evaluation in Higher Education, "evaluation involves judging the worth of an experience, idea, or process." And, this judgment presupposes standards or criteria. Dr. Dressel goes on to point out the validity of the evaluation process depends on three major aspects, (1) the accuracy and appropriateness of the data that is gathered (what are you looking at when you evaluate); (2) the soundness of our standards or criteria (if you are baking a cake and decide it should be dark brown when it gets done, and you let it become dark brown you are going to have a burned cake on your hands - so your criteria wasn't sound, was it?); (3) the wisdom of the persons who measure the data against the standards (it takes quite a bit of insight and judgment sometimes to decide whether this is coming out to what is reasonable and desirable.) Of course, it is quite possible to go through the whole process and come to the wrong conclusion. You may decide you have a wonderful program when actually there are many, many things wrong with it, either you haven't caught the right information or your standards aren't what they should be. Or, you may decide you have a terrible program, when actually you are doing a fine job for the opportunities which you have and the resources that you are working with. So, program evaluation means measuring the total educational process against the standard of work and determining how the scales balance. We can always expect to fall a little bit short of our perfect standard. Every time we draw nearer to what we thought was our perfect standard our horizons widen and we see more things that we could do, that we could do better. This is the fascination of teaching and professional service in any field.

I notice that your workshop program, on the cover, says "The Pursuit of Excellence" and I think this is a key word because as soon as we think we have achieved excellence it means that our growth has stopped and the rigidity of deterioration has set in. On the other hand, unrealistic criticism for not having achieved excellence is harmful too. We have a right to be proud of ourselves in what we are doing. Viewed as a whole, this process of program evaluation can be so overwhelming that we wouldn't even attempt it except that we have to - we have no choice. As we have pointed out, we have this forced on us by society in one sense, and also it is a natural part of living. Every day in our teaching and our living we make many, many decisions - what shall I teach next, what shall I say, shall I use this method of instruction or that method, am I failing or suceeding with the student, is this patient responding to the care as he should be, under the circumstances? The overwhelming part of it comes when we try to do too much in too much detail and in too many aspects. Actually the process of program evaluation is a mosiac made up of small bits of evidence which eventually are put into the total picture. Even before we get the total picture together some parts have changed and so we start in with another jigsaw puzzle. But it makes it a little bit more approachable, I think, if we do think of it as a mosaic and realize that we can't do it all at once, and we shouldn't attempt it.

Within education in the public schools there are three types of evaluating processes, (1) the accreditation which is required by state law under the legislative charge to our Board of Vocational Nurse Examiners, (2) we have the "voluntary" so-called, although actually most schools consider it a "must" in their educational life, evaluation of the total school which Dr. Briggs just told you about, (3) the unofficial everyday evaluation or periodic, or yearly evaluation, or whatever patterns we chose. It is this third type of evaluation that I think reveals "symptoms before they become illnesses - deficiencies before they become malnutritions - limitations before they become handicaps." They help alert us ahead of time and we hope the problem doesn't get out of hand before it is a real problem. This everyday, informal self-evaluation process has the added value of making us alert and helping us develop the accepting attitude toward criticism. This makes it possible to accept the findings of an official evaluation which may point out where we may need to improve. We should welcome this as we would welcome a doctor's evaluation of our state of health as an aid to us, not as a personal insult.

I mentioned the fact the evaluation process may be an overwhelming thing if we look at it as a complicated academic exercise which we go through unwillingly and to impress someone else. This attitude of looking on it as something too difficult reminds me of the worker who developed a gastric ulcer because of all the rapid decisions he had to make in grading potatoes. This sort of thing is a sign that we haven't kept the process under control and we haven't realized that we are trying to help ourselves instead of impressing others. If we miss something, or make the wrong decision, this is our privilege too (another lesson that nurses need to learn) that failure is a normal part of living, not something that just "isn't done."

The evaluation process was said by Dr. Dressel to presuppose standards for criteria. These are usually initially developed when the program first starts and is stated as the philosophy and objectives of the educational program. I notice Dr. Briggs said they evaluate the college in the light of their objectives, and we know the National League of Nursing Accreditation does this too. But, somewhere along the line, someone has to have the wisdom to make some good objectives - you couldn't accredit someone for doing something that was meeting his objectives if his objectives were wrong. I hear they uncovered a school for safe-crackers down in Southern California the other day, and I hear this was quite a successful curriculum but I don't think we would accredit the program. So, someone has to have some judgment and restraint. The philosophy represents the faculty's beliefs about the ideal program, the ideal student product, and the ideal results. The objectives spell out the changes they hope to help cause - they don't really do it, but they help it happen through education. Eventually these result in measurable changes in student behavior - going from the beginning student to the beginning competent practitioner. The philosophy and objectives are like a compass and all the faculty understand the position of the program and its destination and agree on this. They cannot steer a varied course or there will be a lack of unity in teaching. Now, this doesn't mean that everybody agrees in detail on everything, but they certainly should have agreement on what is a good program, what is good teaching, what would be a good graduate, and what are the needs of society that this graduate serves. Even though this philosophy and these objectives are shared, they will also change with experience and social developments. I am sure your concepts about what a good program is today are very different than what they were five years ago, and they will be different in another five years.

The evaluating process involves comparing our standards to our achievements and measuring to find strengths and weaknesses. It also involves keeping our standards revised and up-to-date, and appropriate - improved with our widened vision and made more valid by experience and trial. Sometimes we set our standards too high - we expect something that is unrealistic of ourselves or our students. Sometimes we set them in too narrow a pattern or in too restricted a pattern.

Who is involved in the process of identifying an ideal and using it to judge our accomplishments? The faculty is the group most involved. They are the group that know what the field is, and they know by daily practice what teaching in it means. But it is hard to see ourselves realistically - we need help. The smaller the group is and the more specialized the curriculum, the more narrow we tend to be. So, in a small group we need to seek resource persons who can help us look at ourselves in a way which will suit the needs of society and not just the needs of ourselves or of nursing. You may find that your college administration can help you, or your deans, your curriculum experts, if you have them, counselors, advisors, registration personnel - you may find that the college has psychometrists or service such as this to help in evaluating students - persons who are experts in course content construction - how you organize and develop a curriculum. Your advisory committee may be of help to you, the hospital personnel in some cases may be of help. You will find, I think, that you will need help and that these people will be most valuable in preventing a narrow point of view. Some examples of the assistance you might obtain were covered in your 1959 study which, of course, I think is an outstanding example of study and work, which I hope will be continued. The

Admissions Office and the Counseling Office might be able to help you gather and develop statistics on who you admit, what type of persons they are, their biographical information, age, etc., and scholastic ability. When you have a problem student, someone who is failing, or someone who is under-achieving, or not sufficiently challenged, you will have some records to go back to and review, and to use as a basis of deciding in the future where you can prevent these problems from developing. A college psychometrist could be a great help if this person is on the staff. There is just as much danger, I think, in admitting students who need a different program than yours as there is to admitting a student who has not the ability to handle the program - both of these people can be problems and we need more studies in admissions.

If the college has a follow-up study on graduates you can get valuable information from them if you alert them to what you need and help them develop questionnaires to send out to graduates - where are they working, are they satisfied, how does the employer feel about them? All sorts of information such as this is often available through colleges if you use it. They may be able to give you some idea of how well you are doing in recruitment, and in supplying the needs of the community. The college will know how many students are going to "feed in", and the local areas, hospitals or the State Department of Employment often know what the needs in employment are. If you are, over the years, producing less and less of a supply of vocational nurses, then in relation to the number of openings in the community you know there is something wrong with recruitment, or perhaps the program needs to be expanded, or perhaps vocational nurses are being misused, over-used, or under-used. It gives you clues as to what you might look for. Other sources of data, for instance the Licensing Board, can sometimes tell you about how the preparation of your faculty compares with that of the average program in the state or what the range is. This can guide you in faculty in-service, the development of faculty skills, and can also give you some judgment perhaps in relation to the problem of shortage versus standards. I think sometimes we hear so much about the shortage that we get to thinking we are doing the school a favor by taking a job there. This attitude is really not very healthy in improving our teaching - no matter how great the shortage is, you wouldn't want an incompetent doctor taking out your appendix; and no matter how great the shortage is, an incompetent teacher, or an indifferent teacher, or an arrogant teacher is not really going to be of any help to the program. Your dean, or your coordinator, or your curriculum advisor can help you evaluate the teaching methods used by faculty and help in providing the instruction in-service that they need. You will be proud, I think, to know that I heard that the teachers in the junior college programs, leading to employment, seem to be the group of faculty in the college who are most open to in-service education, most willing to accept help, most alert to their own needs, and mature enough to accept help and not be so defensive about it. You might ask yourself how many different methods of teaching have I used this year that I didn't use last year? Have I ever surprised my students when they came to class by an entirely different approach? Do the students look forward to coming to class or do they know it is going to be the same old lecture with maybe a little quiz thrown in?

Workshops, conferences, and literature offer us opportunities to compare our curriculum and course content to that of others. Of course, your course content curriculum must have the integrity of your own philosophy and objectives. Just because someone else offers such and such an experience, if it doesn't fit your philosophy there is no excuse for putting it in. But, it is helpful to see what other people do; and again, the '59 report gives some ideas about course content. I have been impressed by the section on what was included and what wasn't included and what people thought about this. Some questions you might ask yourselves would be in this area - how much content do I teach because I have a personal need to include it so I can sleep at night, compared to whether the student really needs this as a basic part of the curriculum. If I include it and it really shouldn't be in there, then what do I do to this student's sense of role in his concept of himself as a worker? Our Associate Degree Programs in Nursing have had this problem as you have probably heard - what do you do when you change a curriculum from one pattern to another? What do you leave out, and what do you add in case you might add something? You might ask whether too many of your graduates are a source of distress to you later when you see them in employment, rather than being a source of pride - or how many of them are exceptionally fine, and what reports do you get on them? If they are fine, who says so? Are they fine because they are doing work that they should be doing or are they fine because they are being so under-used that almost anybody could really shine in this situation? All of these things have to be evaluated. You might ask yourself what you do to give your graduates pride in themselves and a satisfying and sound sense of role.

Another helpful source of information about instruction is the student survey (done without any danger of reprisals, of course.) Now, you wouldn't ask a student at midterm what she thinks of you as a teacher unless you wanted to have a flattering response (which of course might be nice.) Perhaps at the end, or at some point where it could be done without too much danger, with a carefully worked out plan, ask them what they think of you as a teacher - you probably have all done this. You may say that students are not adequate to judge - I would question that. I do think that students aren't adequate to judge on a long-range point of view. Many times the short-range, popular teacher is not the one that, ten years after they graduate, they remember with respect and gratitude. They remember, usually, the ones who seemed rather firm in their requirements of the students at the time they were in the program. Students are quite wise, fortunately, and I think they learn some things in spite of us rather than because of us, and this is a saving grace for all education.

State Board scores have suggestions. If they are consistently too low, maybe your student screening isn't adequate, or maybe your teaching isn't effective, or maybe your clinical resources aren't adequate for the learning needed or any combination of this. If they are too high maybe you are misdirecting some students by enrolling them in your program when perhaps they should have gone to a baccalaureate program, or some other program. Sometimes State Board scores that are too high are almost as much of a disgrace as State Board scores that are too low because we need to give the average person an opportunity and we must not just concentrate on the "top". Hospital attitudes are a good source of information but they should be taken with several grains of salt because these people are not educators but look forward to the time when student are workers. If they are unhappy with the curriculum, if they don't understand it, if they tend to misuse the students, if they don't provide you with the teaching resources that you need, if they are impatient with the program or if they don't approve of the student performance then there is something wrong with our interpretation. Whether there is wrong also with the program is something to find out.

I have mentioned only a few sources of data. None of them you would want to use all at once. Many wouldn't take too much time really if you set up the machinery for feeding information in to you. I haven't mentioned your own subjective evaluation of your program. As a teacher you receive many evidences every day of the success or difficulties of your program. Your own ideas or hunches are very important in the matter of evaluation - again moving away from so much of the objective and toward the subjective. But our own ideas are subject to our own lack of insight and our own individual prejudices and limitations, so we need this factual data added. Even with limited time the faculty could take two hours a month to look at some organized information about the program and these sources that I have mentioned. I think it would help a great deal not only in improvement but in faculty morale in unity.

When you find evidence of need for improvement and change sometimes it helps to use the Force Field Analysis approach of looking at what is causing a weakness or fault, and what forces could help you correct it. Then at least you could identify what you are going to do battle with, or maybe whether you should do battle. Maybe what you think you should change, isn't practical to change and you are going to have to learn to live with it and do the best you can. You can't always have the ideal situation.

I think our nursing education programs in junior colleges, both the associate degree and the vocational nursing program have a great deal in common - we both have had to prove ourselves, to move apart from tradition, and be willing to pioneer. One day in the future we will have to be careful that we, in turn, do not block the progress of other programs and prevent the development of new things that are needed by society. We also have to resist the temptation and tendency of all programs once they become established of becoming so entrenched and protective of themselves that they become rigid and full of artificial difficulties.

So, if we are successful, our program evaluation process should reveal that our achievement is the provision of a fine career opportunity for students, the preparation of needed and appropriately prepared personnel for patient care, and a contribution to the development of graduates as individuals who are a credit to us and to the community.

Sister Mary Anita
State Board of Vocational Nurse Examiners
Director, St. Mary's Hospital School
of Vocational Nursing, San Francisco

After listening to Dr. Briggs and Wilma Hiatt, I think we are pretty well convinced that program evaluation and accreditation are very good things and this makes me approach this rostrum much more comfortably since I have been asked to approach it as a Board Member - I know how much you welcome the Board representative who takes up your valuable time during the annual visit. Then there is a vague feeling that a Board's mission in life is to put restrictions on schools and make us generally uncomfortable. So after our two speakers I feel safer in approaching the microphone as a Board Member.

As a Board Member, I can tell you quite simply the purpose of the survey visit prior to receiving your accreditation - the Board is obliged to see that the laws and regulations relating to vocational nursing are met. Therefore, the purpose of the survey visit is to determine if the school is offering the course in vocational nursing which meets the requirements of the law and the regulations. It is that simple. The second purpose is to assist the school with problems which may arise in meeting these requirements. As an aside here, and I think you may know this, the accreditation can be granted, suspended, or revoked only by the Board of Vocational Nurse Examiners. The Board usually delegates the pleasure of the survey visit to the nursing education consultants or to the Executive Secretary simply because most of us have a few little odd jobs to do besides being on the Board. The visitor then presents a written report to the Board, it is only then that the action of this body takes place and you receive your very nice form to say that you are accredited for another year.

Now, I am going to turn the table on Van and ask you to permit me to take off this badge which says I am a Board Member and speak to you as a vocational educator. I would like to speak to you as colleagues in this great challenge which I feel is ours in vocational education. As a Director of a vocational program, I like to look at the survey visit a little bit differently. The laws and regulations which we have, give us minimums to meet but I am not interested in minimums, and I don't think any of you are either, particularly after meeting with you, listening to you, talking with you the last few days. We all know that unless we keep our sights high we are not even going to keep the present standards which we have.

Vocational nursing, like all other nursing is not standing still, it is moving on. If we are complacently satisfied with our programs as they are, we will be left behind, as it were, in a cloud of dust, or smog, as the programs of vocational nursing move on and imbed themselves more deeply into their rightful place in nursing education in our profession.

Prior to your accreditation visit, the Board representative makes a careful study of the application for accreditation, or if this is an ongoing program, an existing school, of your annual report. She looks at the latest report of any special visit, or annual visit, or any correspondence with the school - the facilities, the personnel problems, the rank of the school, and the failures in the last licensure examination, the attrition rate, and last but not least, the philosophy and objectives of the program. These are all carefully reviewed by the visitor. In other words, what she does is familiarize herself with the program. My question is this, as a Director of a program, would there be any purpose in our doing the same thing prior to a visit, that is having our faculty review these same areas? What about our facilities? Are they adequate? Are we having any conflict with facilities with other nursing programs in the area? And, believe me, this is becoming more of a problem as our schools of nursing increase. Is the vocational nursing program relegated to the second place, to second choice of facilities? Are the members of the cooperating agency, our hospitals, happy to have our students, and anxious to hire all our graduates? If they are not, what have we done as a faculty to find out why? How does our school rank among the other schools of the state in the examination? Is our rank moving higher each year, or lower? And, again that question, why? What story does our attrition rate tell us? I think that most of us will agree that there is pretty much of a direct relationship between selection of students and the attrition rate, and we have gone into selection of students and have received some very good ideas during these past few days. So, why not review our process of selection - is it the best kind? I think we are all going to go home with some other ideas - everybody was jotting things down during the discussions.

Another thing that the Board representative looks to is the philosophy and objectives of the program. I think this is so important because either our philosophy is a page of high-sounding words, beautifully and correctly laid out, proper English and everything else, but empty; or it is a living, vital code which motivates everything we do, and I mean everything we do; right from what we are doing here this week, learning from each other, to our teaching and our student contact. Many a philosophy is set up in the form "we believe" - we believe this or we believe that. "Believe" is a good word. I feel any instructor or director who does not believe, really believe, that she is engaged in a vital nursing education program, critically needed for patient care, and that she can stand proudly beside any other nurse educator, should get out of the field. If you are not convinced, you will never convince anyone else, and I think we all know there are many people today who need to be convinced of the role of the L.V.N.

There are other areas the Board representative will attempt to cover on the survey which I can see to be a decided advantage to a faculty. First, she will confer with the chief administrative officer of the school or someone he delegates. Remember that the president of the college, the principal of the school, or the administrator of the hospital, whatever the type case might be, is responsible for operating a good school. We know that this responsibility is delegated, but ultimately it is his responsibility, and therefore he has a right to express his views and also to have knowledge of the survey. If there are no problems and the school is good and is making progress each year, developing new ideas, a little pat on the back never hurt anyone. I think probably somebody in a high administrative position needs this - those of you who are directors, I am sure, will agree. By the same token, if an objective survey shows that there are deficiencies it may be that the Board representative is only echoing what you as a director or an instructor have been trying to put over to your superior for some time. It is possible, and sometimes happens, that a recommendation coming from an objective person carries more weight than the same recommendation coming from a person who is directly involved. So, I see this conference with these officials as a decided advantage to the director or faculty of a program.

Since a school curriculum is approved as it is sent, with a certain number of hours, and theory, and clinical teaching, whether we like this approach or not, and with a designated faculty, it is necessary for the visitor to know if these hours are adhered to and if the faculty is the same as approved.

Has your school come up with some idea to improve the curriculum, or the faculty-student ratio? There is probably more feeling about student-faculty ratio than one would imagine. All who have strong feelings that it should be changed base these feelings on the principle that a 1 to 15 ratio is unrealistic, but the interesting thing is the school administrator feels that it should be higher and the instructor feels it should be lower. But, if your faculty feel either way, if you have any feeling in the matter, and I see you do, we all do, what have you done to present logical facts, not feelings, facts, to substantiate your belief. What study have you done to show what it should be, 1 to 50, 1 to 1, 1 to anything? What have you done except to say, I feel it should be this, that, and the other way. Maybe you have, and if you have, share them with me. What I am really saying in essence is this, while the Board of Vocational Nurse Examiners is carrying out a responsibility placed on them, to see that high quality vocational education is being conducted, and we all want this, those of us who are vocational nurse educators can take advantage of this, their responsibility, to pause and make a study of our school and see where we have been, where we are now, and what is most important, where do we plan to go, what are we going to do. We all have busy days, and self-evaluation is something that I think we all keep putting off because of more immediate pressing duties that we have. But this visit prior to receiving your annual accreditation can be, if you want it to be, an incentive to make you pause and reflect, and really examine your program.

Some of you know Robert Frost's poems. There is one poem I like very much and find the last three lines particularly applicable to you and me. You may not be familiar with the first part but you will be with the last three lines - it goes like this, "The woods are lonely, dark, and deep, But, I have promises to keep, And miles to go before I sleep." Thanks to those of you who have been pioneers in vocational nursing education, the woods are not so lonely, dark, and deep, as they use to be. But, for those of us who have chosen vocational nursing education more recently, we have promises to keep, to the patient who needs well-educated LVN's and to our nursing profession, who, while they don't all realize it, yet, can't do without us. So, while we have come a long way in vocational nursing education, we have miles to go before we sleep. I like Robert Frost's words and we might take his words as a challenge to those of us who are in vocational nursing education - "I have promises to keep and miles to go before I sleep."

SECTION MEETINGS

Wednesday Morning - April 10, 1964

SECTION IX - JUANITA SPEAKER, Chairman

Evaluation of Curriculum

I. Methods of evaluation

1. Folders on individual students
2. Quiz and test
3. Conferences
   a. Student-instructor
   b. Change in attitude
   c. Adjustment
   d. Verbalize of change - "thinking"
4. Self-evaluation
5. Speed of performance - growth
6. Information on graduate students

II. Everchanging - new ideas

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SECTION X - WINIFRED WILSON

I. Student evaluation - various schools

1. Fullerton
   a. Anecdotal records, later used to compile permanent record Numerical values for each category
   b. Numerical grades are transferred to letter grades for college use. Comments to grades given are made as necessary
   c. Comments from team leaders are taken into consideration
   d. Student has area on evaluation for comment and signature
   e. Self-evaluation by students twice a year

2. Santa Barbara
   a. Students have opportunity to evaluate instructors
   b. Head nurses also evaluate students (in writing) in addition to the three faculty members. (If head nurses are to be used, they, themselves, must be evaluated re: methods of evaluation
   c. Students are permitted to see all evaluations

3. Modesto
   a. Follow-up study

4. Bakersfield

   a. Clinical student evaluation is similar to what Fullerton seems to have. However, in first semester college faculty members (special VN courses in foods, psychology and life science), nurse faculty members and nursing student counselor meet to discuss each student. Meet at least twice a semester

II. New curriculum evaluation

1. Individual course evaluation - Objectives

   a. To have students pass State Board Examination
   b. To be able to have students be proficient. Must alter course to fit needs

2. NLN Achievement

   a. League tests to evaluate student progress. Using this information to determine if results are due to teaching methods, admission procedures, etc. Test given at end of second semester (at C.O.S.) or 2/3 way along.
   b. Students must be oriented to the particular type of test (how to take the test). Perhaps use of transfer answer sheet at some time during course would help student

3. State Board Examination

   a. Results are used to evaluate the program, hence the instructors' concern with results.
   b. Must be aware of the State Board members and discuss with them the evaluation of the test periodically.
   c. Could we request State Board to give a better analysis of test results - example, break them into areas to detect possible weak areas

SUMMARY - All interested in State Board Examination results.
Need for evaluation of testing methods

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SECTION XI - MARION SAUNDERS

Program Evaluation

I. Open discussion

1. Question posed to group: How do you evaluate your program in the terms of your graduate students' success?
   - a. Follow-up study - value - showed administrative need for more help (1) provided more teachers (2) night course set-up for graduate students (3 hrs. per week for 18 weeks)
   - b. "Thank-you party" at which it is learned students' needs for further learning. Questionnaire sent with invitation to party. Also followed a post-graduate course 7-10 one night per week. Rehabilitation class for graduate LVN's. Questionnaire mailed to employer - one area must show
   - c six months of successful employment before she receives her certificate of completion.
     Question - would this be a mark against the student if she were not employed and so never received a completion certificate?
     Consensus of opinion - no stigma - this method "insures" employment following graduation.

2. Contact - visiting hospitals and talking with employers following graduation.
   Students found to (1) not allowed to use learning due to oppression by the RN's and jealousy of aides. Other stated that her students were doing (or being asked to do) more than their course offered.
   Suggests for meeting this problem:
   - a. Invite these staff RN's to Board meetings
   - b. One program removed from hospital for one year. Hospital asked them back so they could improve their personnel and receive accreditation.
   - c. "Pilot Study" - How better to use the LVN set-up in the nursing office - so far it is a continuing study.
   - d. Suggestion that in-service classes could be used to present the valuable uses of LVN. How to get there - invite self, or through Nursing Service.
   - e. Instructors should attend supervisors', staff's and doctors' meetings.

3. Evaluation of theory
   - a. Achievement test (N.L.N.) used various times mid-way (correlation high) and a month before end.
   - b (Achievement tests include nutrition, maternity, and child care. basic nursing, and body structure.
     - (1) Slow student - what is done for her?
       - (a) Discussion with student
   - c. School bears the cost of these tests.

d. Care studies
    (1) Written and oral reports

SUMMARY: Discussion of employer-student relationship
Talk about evaluation of program when student is still in program

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SECTION XII - FRANCES HOOGSTAD

Program Evaluation

Idea: The integration of the nursing accreditation with the over-all school accreditation so that there would not be duplication of efforts

Discussion: The consultants could visit and help nursing programs with programs, ideas, and problems
Nursing programs are having to learn to function within framework of the school system
This might help the administration better understand the nursing programs

Idea: The dealing with the "pressure" by the administration regarding program evaluation

Discussion: State Board results are of interest
Programs might benefit by some idea of the focus of the State Board test
The instructors have varying ideas of what is expected of the vocational nurse
Miss Wood: Blueprint of licensure examination has been sent to each school.
The achievement tests used late in the course are helpful in meeting the State Board

Miss Wood outlined just how the State Board Examinations are compiled for use
Instructors may see and read the old examination by appointment with Miss Wood at her office in Sacramento

Students, on the whole, have problems in the area of reading on tests

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GENERAL SESSION

Wednesday Afternoon - April 10, 1963

TOPIC: IMPLEMENTING THE CURRICULUM

PANEL MEMBERS:

Grace Mitts, Sacramento City College
Laura Looper, College of Marin
Evelyn Chamberlin, Mt. San Antonio College
Leonie Soubirou, Biola School of Missionary Medicine

CHAIRMAN:

Maryellen Wood
Executive Secretary
State Board of Vocational Nurse Examiners

As you have noticed on your program, we are discussing this afternoon "Implementing the Curriculum." When you were sent your questionnaires previous to the scheduling of this conference, you were asked what subjects you would like to discuss, and this was one of the subjects that was highest on the list, and this is the reason for its inclusion on the program.

We chose our panel members to represent different sizes of schools because we feel that implementing the curriculum presents different problems in different kinds of schools. We have four very distinguished members of your group with us and I would like to introduce you to them now rather than before each makes her presentation. We have Mrs. Grace Mitts who is Associate Director of the Vocational Nursing Program at Sacramento City College. Mrs. Mitts represents a program which is probably one of the larger types of programs in the state. Next is Mrs. Laura Looper who is Chairman of the Department of Vocational Nursing at the College of Marin. Mrs. Looper represents a small program in vocational nursing - not necessarily in numbers of students but in number of faculty, she and half a person are carrying on the program. Next is Mrs. Evelyn Chamberlin who is Chairman of the Department of Vocational Nursing at Mt. San Antonio College, which we consider a medium sized program; and next is Miss Leonie Soubirou who is Dean of the Biola School of Missionary Medicine, who represents neither a small nor large program, but a private school, whose viewpoint might be a little different from the public schools.

Each panel member is going to speak for about five minutes to discuss the situation in her particular school, then Mrs. Mitts is going to speak on Implementation, the legality of it; Mrs. Chamberlin on the philosophy of it; Miss Soubirou on the academics of it; and Mrs. Looper on the administration associates in it (in other words, the hospitals).

Grace Mitts
Vocational Nursing Instructor
Sacramento City College

Sacramento City College began their vocational nursing school in 1953 - we average a student body of about 70 students - the staff includes the Director, six full-time instructors, and one part-time instructor. We have two classes a year. The students have clinical experience in five hospitals in the Sacramento area. We go to the hospital for our first clinical experience early in the fourth week of our pre-clinical eight weeks - they go in for two days of the fourth week, etc. At the end of the eighth week we go into the hospital area where we have classrooms also.

Since we started in 1953, we were familiar with the old curriculum so when the new curriculum was to be inaugurated we found that we were able to change fairly easily but with some trepidation and doubts, but we think we solved many of our problems by conferences and discussions and staff meetings in which the faculty discussed curriculum. Miss Eleazarian was kind enough to come out to speak to us, also to interpret the new curriculum, and we feel that with the time given us for these staff meetings and conferences we were able to do some planning, changing, and to implement the new curriculum. I think most of the schools which were changing from the old to the new, met some of the same problems which we faced and I imagine they had some of the same frustrations. This panel today will tell how we implemented the new curriculum, but it was felt there must be a beginning - a common beginning from which we would start, and we all know that in the beginning there was the law.

Why are we concerned with the law? When you have a law it must be either accepted or rejected, and we all know that if we do not accept a law we will be without its privileges and protection. So upon this law, with which I am sure you are all familiar, we thought we would begin our discussion by reviewing it, so that we would all remember the points involved in this new curriculum so we would all have a common beginning point.

The curriculum is subject to the approval of the Board and it is concerned with the development of competent and inter-personal, technical and manual nursing services to the patient. I was very pleased to see inter-personal first because, although I am going to try to be very objective in presenting just an outline of the law, I feel that you can have technical and manual competence but without good inter-personal relations the nurse has lost her usefulness. The conditions under which the vocational nurse can function, according to law, are circumstances where the professional nurses' services are not required. She is also supposed to develop the ability to participate with the registered nurse and the doctor. She is to be prepared to care for obstetrical, medical, and surgical patients of all ages. The course is limited to either 12 months on a full-time basis, or 20 months on a part-time basis. The school week is not to exceed 40 hours, nor 8 hours per day - this would include both clinical and lecture. Evaluation of the student must be done periodically and not merely by written means. In our area the instructors find the use of anecdotal records very valuable. The basic curriculum which includes, but is not limited to, fundamentals, understanding the principles of mental and physical health, and how it is maintained, and understanding of disease and its treatment. I think we should not forget that the words are included, or the phrase, "it includes but is not limited to." Also knowledge of health services and resources, and the role of the nurse in these services. Your curriculum must include medical and surgical nursing, and the ability to perform nursing functions required by most patients. Your medical and surgical nursing must include, but again is not limited to, learning experience in the care of children, adults, and the aged, with a medical and surgical condition involving each of the body systems. Incidentally, I am interested in how this is implemented in some areas. The curriculum must contain obstetrical nursing and care of the newborn infant, which shall include, but not be limited to, understanding the care in relation to the health and family life, which is, I believe, family-centered maternity care. Also the anatomy, physiology, and understanding of all phases of maternal and infant care. Understanding, by the student, of the nursing principles involved and also the development of competency in performing her nursing functions in the area of obstetrical nursing and infant care. The hours are very definitely outlined in the law, but they are a minimum. We know that for fundamentals there should be 54 hours of lecture and 14 to 16 hours of clinical; for medical-surgical, 324 to 360 hours of lecture and 756 to 864 of clinical; obstetrical nursing and care of the newborn, 36 to 72 hours of lecture with 108 to 216 clinical. This will give us a minimum requirement of 450 total hours of lecture and 1080 hours of clinical.

The law also states that night or evening clinical experience cannot total more than 80 hours, and there must be a qualified instructor giving adequate supervision.

I think we are all familiar with holidays and vacations. If you are in a one-year school you may have all the holidays that the public junior colleges have, plus a limit of one week in the summer during summer session. If you are on a longer basis, the 20 months or 18 months course, then you would legally be allowed to have all the vacation and holidays that are given to the public junior colleges.

Clinical experience, which must be approved by the Board, should provide adequate facilities as to number, type, and variety of patients, and you must have the necessary clinical facilities in order to qualify under this new curriculum. The supervision, again I repeat, should consist of a minimum of one clinical instructor for 15 vocational students.

This is a very brief outline of the existing law concerning our curricula - it is the basis for our talk today on "Implementation." I think you will find that the law provides the flexibility in interpretation. I have not tried to interpret it - we have a very fine interpreter and I do not feel that anything more than an outline could be given at this time. It does seem flexible enough though that with this existing law, it is possible for the development and implementation of the curriculum to satisfy the needs of various schools - the different kinds and sizes, and it will be interesting to see how the different schools have implemented this curriculum.

Laura J. Looper
Vocational Nursing Director
College of Marin

Basically we started a new program in 1961 at the College of Marin which is a public school, junior college district, in a residential area of a high basic income. This gives you some idea of the kind of student body we draw. It also happens to be a very heavily academic-oriented population where vocational programs, by and large, have not been the accepted means of education by anyone's long stretch of imagination.

We started out in this program under the new curriculum. We did not have any of the growing pains - we were given a copy of the new law as it was proposed, we thought it sounded wonderful - we implemented it, apparently without too much difficulty, we found out as we consulted the Board, only because we didn't know any better. They gave the regulations to us and said this is the way we want it done, and we did it. We took in our first 15 students and graduated this group before we started another group - we are on a three semester program. We start the next class whenever the first one graduates. We started our first program in September, 1961, we graduated them in January of this year, and we started our new class in February of this year, so we are only in our second class and we really don't feel that we can tell you people who have been fighting these problems for a long time how these things are done. Obviously there have been many problems which we have not recognized because they haven't affected us directly. That gives you an idea of what we have.

This year I wanted to expand the program, feeling a definite need, and I was able to get across to administration that there was an additional need for vocational nurses in our area, but I wasn't able to completely convince them, so consequently they finally decided that I could up the number of students we took in and they would hire another person to help in the clinical areas only - so therefore this is the half teacher. She works four hours a day in the clinical areas with the students - I do all of the classroom work. A little different from Mrs. Mitts' program, I start my students quite early in the clinical situation - I put them on approximately the fourth day that they are in school and by the beginning of the second week they are on for at least a two-hour period daily and this is increased as the student learns more things about patient care.

Actually as far as implementing, I have listened to many of you discuss the problems you have had with the hospitals - the hospitals will let you do some things and won't let you do some things; and why is this? I feel that we have a very common starting place with all the people in hospital administration - we have one common goal - we are all interested in patient-care. Why can't we work together? Sure we have different methods of reaching this goal, but I think if we look at each other with a little better understanding we will be able to meet these goals. We are not really as far apart as most people think education and service are. All of us at one time or another have been in nursing service. Now we are on the other side of the fence it is really not so broad a river. Therefore, we can start with this as one of our goals - meeting the needs of the patient.

We have to remember, too, that we started in programs of vocational nursing that were demanded - we didn't go out and beat the community over the head and say, "You want a nursing program." They said they wanted nursing programs, they said they wanted vocational nursing programs. We have an obligation to give them what they want within the realm, again, of all the other factors. We have already got acceptance so therefore we must utilize the acceptance we already have. Now we already have our two basic starting points - there are many others. From this you move into other areas. I choose to call it "selling" you may choose to call it inter-personal relations, but I feel we have to sell our programs even though there is a demand and a need. We all feel the need - the community has expressed the demand. In order to be able to sell, you must believe, you must believe in your curriculum, you must believe in your program, you must believe that your methods are the right methods - it may not be the only way but for you it is the only way, and to your way of thinking this is the only way you can present it - you are so firmly convinced that all of these other factors are right, you become one of the best salesmen.

This is first, if you don't believe, you are not going to accomplish. There is no way of stressing this enough - if you can't really go out and say, "I believe in everything I have in the curriculum, I have designed this for a purpose, I believe this is the way to accomplish our goals," then sell it to the hospital service.

Look at the mandate for your program. We have the law behind us - we can say, if nothing else, this is the way we are supposed to do it - this is the law. You already have there a starting point. We have our philosophies - we have already looked at what kind of a nurse we expect to mold - this you have written down, this you have looked at, so therefore you are again selling your program. Look at your curriculum - are you going to accomplish your objectives by what you have proposed in this curriculum. I guess because I am new in vocational education I am naive enough to believe that I can get assistance if I need interpretation of this curriculum, or if I feel this curriculum isn't meeting the objectives as I see the law. I have no hesitation in calling the Executive Secretary of the Board on the phone, or of going to see her to see if I can't change this law. We don't have to accept this law as inevitable, that no one can change it. We have a goal, we know what our goals are and if our laws meet these goals or curriculum as prescribed in the law, that is fine. If the law will not meet the goals as we see them then we have an obligation to tell the people on the Board this is not what we think our goals are and we should work to get the law changed rather than sitting back and complaining loudly about the fact that it can't work. Then, lastly, in the line of this selling, you have to sell this program to everyone. You don't just start with the hospital administrator to convince him you have a good program, and then fail to go on; but you start every place and work all the way down the line. Start out with the hospital administrator - this is the way you have to initially sell, then convince nursing service of your program and objectives - work clear down to the nursing aide. The aide in the hospital is the person who may or may not be threatened and could throw many, many monkey wrenches at you. Sell your program all the time - sell it to the other people you are indirectly involved with. It doesn't hurt to go to the housekeeping department and talk to the Director of Housekeeping - it doesn't hurt to talk to physiotherapist about what you are going to accomplish. It doesn't hurt to talk to the dietitian about how you feel diets fit into your program - this again is your area. How do you do this? Meetings, meetings, meetings, and more meetings. Meet, talk, listen, discuss - when you have done it once, do it over again. As I say, start these meetings out with your administrative level, your head nurse and supervisor. These are the people you have first got to convince. Then, if you are not allowed to go on and discuss the program with other nursing service personnel, move on to the informal meetings. Every time you have a coffee break, in a lunch room, corner somebody and again explain what vocational nursing is, what your program is, what your desires are, and how you see implementing this program. Never lose one opportunity to corner one more soul and convert him. Sounds pretty forceful doesn't it, but I really mean it - you really need to be able to convince all these people. If you really believe in your program then you can convince them in order to get them to go along with your ideas. Above all, listen, too, to what they are saying. Take a very positive approach to your program and then be rather arbitrary.

I take as an example to this positive approach to such a meeting our laws and regulations stating that students must give medicines. Now, this isn't the exact content of the law, it being the intent that the students should learn to give medicines. This is an area where I have heard lots of comments about people having difficulties. Start out, meet with the nursing service people - what are you hoping to accomplish from this meeting. Ask them what their present procedure is, let them look at it, is it a good procedure, is it a safe procedure? This is going to help both the nursing service personnel and you. You are going to accomplish two things when you do this; first you are learning what they think, you are learning from them; also you are then being accepted as a research person or maybe as an educator, as they may see fit to use you. You can actually use this as a means to get at other things. Educate them, even if it is educating and changing them to your way of believing - think positive.

After they have come up with what they feel is a good procedure, let them decide how this procedure has to be changed for the student - or does it have to be changed to meet the students' needs? If this has been written as a sound principle, does it really have to be changed? This may take some doing but you can usually make them come around to even this concept if you try. Then, of course, any procedure that they do write, or that you are willing to accept, look at it, is it realistic, is it realistic for the nursing service, is it realistic for the student, is it realistic for me, the instructor - can I accept this, can I teach this. And, of course, last but not least is it realistic to the patient. I say last but not least because of all the many feelings of which you are all very aware in the line of giving medicine. This is an area where many nurses hold a prestige image of the medicine nurse rather than what the medicines accomplish. So, the patient isn't the one they are really concerned with. When you meet with these people they throw out little platitudes, "well it wouldn't be safe for the patient, etc." but this isn't really what they mean if you listen to what they are saying.

When you are finished with all of these meetings and you haven't come up with what you really wanted to accomplish, start all over again - you will get them, as someone once said, brainwashed to your way of thinking - it can be done. Solicit nursing service for your assistance. I don't mean assistance in giving formal teaching but solicit them to help you in a good working relationship. Let them get the idea that you are really trying to make the student somebody who works on their team. You are all working for one common goal - the patient and improving patient care. By selling them on your ideas they will really turn out to be very good assistants. I have found that it is marvelous how much they will assist you, even if it is just writing antedotal records - they really are quite good at this. They are good about giving students praise. They weren't as helpful with my first class as we were both testing each other, but they are getting to the point where they will come to me and say, "The student you put in that room this morning did a real good job of patient care." That makes me feel good. It is only because we have let them believe that they, too, are responsible, that we are both working for the same over-all goal. After you have finished all of these things - after you think you have got it sold just the way you want it, then start follow-up meetings - don't quit while you are on top. Let these people again express their feelings - meet with them - let them give you suggestions - let them give you their evaluations - what can they offer to improve the program as they see it. Then, again look at ourselves as individuals, and at our program as objectively as possible, and make changes - then start selling again.

Evelyn Chamberlin
Director, Vocational Nursing
Mt. San Antonio College

Mt. San Antonio College is a community junior college located in Walnut, which is approximately thirty miles east of Los Angeles. As to the size of our program, we have about 50 students per year and we have five full-time teachers. We are associated with two accredited hospitals in the community. I like to think of it as a community college, as the philosophy of the college colors everything that is done in this school. We are there to serve the community, which is an upper middle class type community. Vocational nursing in addition to other types of vocational education is very well accepted in the community.

My portion of the discussion is the philosophy of implementation of the vocational nursing program. First, I would like to say that when I say "philosophy" I mean what Sister Mary Anita said this morning. I do not mean something that is written down on a piece of paper, I mean something that colors and influences the things that you do as you write the curriculum, as you teach the students, as you decide on teaching methods; something that would influence everything that you do concerning your program. I think one of the first things I had to know was, why in the world did the Board decide to change the law, and as you know, sometimes it is difficult for me to get an idea through my head.

I must say, they spent quite some time explaining it to me, but finally I had a very satisfactory answer, and that is that nursing has changed, that vocational nursing was changing; the thing that the vocational nurse did was different than it was at the time of the first writing of the law. Then I found something in Guides for Developing Curricula for Education of Practical Nurses, which finally crystallized all of my thinking, and that is that nurses are prepared to assist persons in self-care within a range of types of health situations, and this simply means that we are going to prepare nurses to give direct care to patients; not to assist the doctor, not to go in to the diet kitchen, not to wrap up packages, but someone who was going to give direct assistance to the patient. Now, the philosophy that all of us have when we talk about preparing the vocational nurse would be very similar. We are trying to teach our students the principles of nursing care, principles of how to take care of people, because we know that when she goes into the field in any community, and ours in particular, this girl may work in a hospital where she is not even permitted to take blood pressures or she may work in another hospital where she is responsible for total patient care, including giving the medications and performing the treatments for which she is qualified. However, a second part of the philosophy in developing a curriculum, or developing any program, is the philosophy of the institution in which it is housed. I, for one, think that this is very fine - I do not believe that every nursing program has to be in a junior college or in adult education, or any other specific institution. Whatever the housing institution, it will give us another philosophy, another set of objectives, and I believe that this will enrich the life of the student. The type of institution the student enters, of course, will also have to do with her objectives. Perhaps she must finish school quickly, or perhaps she is interested in the college experience.

I would like to summarize the philosophy of our program, emphasizing that we are part of a community junior college. Our philosophy at Mt. San Antonio College is to provide an educational base which prepares the student for employment as a vocational nurse in our community. The curriculum is designed to meet an Associate in Arts degree with a major in Vocational Nursing. Upon the satisfactory completion of the first three of the recommended four semesters, the student is qualified to take the California State Board examination for licensure. In addition to giving service to the ill, she will be prepared also to improve and maintain her own physical and mental health. To further clarify what we mean by preparing the vocational nurse, I hope that you noticed that we state that at the end of three semesters she will be prepared for licensure; this meets the basic needs of our community. For those students who do not wish to meet the general education requirements, we have a graduation at the end of three semesters, and those who wish then leave the school, take positions, and take their State Board examinations. For the younger or more broadly-motivated students who wish to remain another semester, the balance of the curriculum qualifies them to receive their AA degree with the other students in the college.

What we mean by preparing a vocational nurse is that we are preparing a nurse to give direct assistance to a patient as required. The principles of nursing will be learned in the hospitals but could be applied in the homes, clinics, doctors' offices, etc. The indirect specialties connected with nursing, such as assisting the doctor in surgery, etc., would necessarily be learned after graduation in an in-service program. The vocational nurse is prepared to meet the needs, physical and emotional, of all age groups within her role as a vocational nurse.

The vocational nurse is prepared to nurse patients in a fairly stable health condition with a minimal degree of on-the-spot supervision by the physician or RN. She is also prepared to participate with the RN in the care of patients who require complex intensive nursing care. The vocational nurse is educated to work as a member of the health team; she is well versed in the special ethics required of workers in the medical field. This is our philosophy, or objectives, or concepts, whatever you choose to call it, in our particular program. To achieve our objectives, as stated in our philosophy, we believe that the curriculum and teaching methods should be both patient-centered and student-centered. By this we mean that the learning experiences for the student will necessarily always have as their goal, good patient care. The teacher also has this same goal, but she must be aware of the learning needs of the individual student.

We believe that it is impossible to make a list of rules or methods that will cover every situation which will arise in any teaching program. We have worked together, we hope, to reach a common philosophy of what we are doing, so that it will be a constant thing. We would like for the philosophy in our program, as I am sure you would in yours, to be something that remains constant, yet flexible, in the face of continuous changes. One of these changes will be new teachers. With a new teacher, let us say, we must brainwash them (it is nicer to call it "orient"), but this is something we must do because I do not believe that there is a teacher-teaching institution that teaches teachers to teach in this way; it is something that must be developed. We must be able to remain constant in our philosophy, in the face of new hospital personnel, new hospital policies and new student groups each year. We also have another nursing program in our school and the things that happen in this program will necessarily influence the things that happen in our program. We, of course, want to allow everyone else to develop to their potential, the hospital, other nursing programs, etc., yet we must remain constant in our philosophy and protect its implementation. I thoroughly believe that once you understand and once you are in agreement with the faculty on what the philosophy is, you can teach patient-centered nursing any place, in any type of hospital, in any type of institution. And, I would hope when our graduates are finished that they could go off to the jungle, boil a syringe in a tin can and give a good hypodermic no matter what position or condition the patient was in; or they could go into the most advanced and best equipped hospital, walk into a patient's room with a fancy disposable hypodermic set on a tray, and give an injection in such a fashion that the patient would be completely satisfied with her competence, her grace and poise.

Leonie V. Soubirou
Director, Vocational Nursing
Biola School of Missionary Medicine

Biola is neither small nor large, new nor old, it is a private school, and in that manner we are different from the other schools about which we have been hearing. We were chosen because of our peculiarity.

When we were working out this program of good missionary medical training, we looked back at the history of our school and found that it was over 50 years ago (when our school first started training missionaries) that it was felt to be imperative that they have practical, medical knowledge.

In 1945, the new President of our Incorporation felt that it would be good if we had a school that was essentially for that purpose, but associated with the entire group, and so he called me to come and see what I could do about it. At the time I was somewhat hesitant because I felt that something that might be a hodgepodge of practical training might not necessarily be worthwhile and acceptable, especially from a professional point of view. We were struggling along when we discovered that in our wonderful State of California plans were being made to establish criteria and to incorporate curricula along these very lines of vocational nursing. After considering the proposition from every angle, we began to develop within our school this accredited program in vocational nursing since, I believe, about the very onset of the entire program. Our school was accredited in 1953 to be retroactive to include the class of 1952. Since that time we have been training young men and young women who have learned vocational nursing, and who have not only acquired the knowledge and understanding, but also have developed skills. Then, they have gone out into the far reaches of the world using that knowledge and skill. Thus, our school is a peculiar school but we are so thankful that with all our peculiarities we are acceptable in this wonderful organization.

Now, building on the law, which our dear friend has so graciously presented, and building on the philosophy which I feel our sisters as well as all of the rest of us could most willingly accept, we went on to develop the academics of this proposition. As I suggested, our school might have been described as a school in the wilderness, even though we are in the heart of downtown Los Angeles. Thus, we felt that we needed to do some tall thinking if this program, which we had worked so hard to develop, had all of a sudden to be totally changed. If I had to persuade my President, who is pretty hard to persuade at times, and if we needed to augment our faculty and do other things, we needed to think hard about this. But building on the law and on our philosophy, which may be slightly different in some ways but essentially the same, as Mrs. Chamberlin so graciously presented, we developed within the framework of our academics and our abilities a program that would comply. However, we wanted not only to comply with the legal requirements, but also to meet the challenge of the philosophy, not only in the midst of our own growth and development, but look ahead to what our students might do in the future. Now, all of this has been done and, just putting it simply, we developed from the known to what was essentially the unknown. We proceeded from what we had to what we needed. We built on the obvious toward that which was less obvious, or to a greater objective. In other words, we were going from one vanishing point to another; or, as one of the speakers of the morning suggested, after we had reached one point of vision, our vision was enlarged, lest we become satisfied and stagnant. Well, we aren't completely satisfied, but we are happy to say, honestly, that we accepted the law, we developed our philosophy, and we implemented the academics. This is how we did it - I put a few things on the bulletin board and I am going to share with you from a few notebooks.

We had the law - the law said we want competence to provide interpersonal, technical, and manual nursing service. We are absolutely in accord with this; this is our objective in nursing. This is also essentially our objective in vocational nursing. We thought - now, we had this before, what's it all about - and proceeded to find out what it was all about. We wanted an inter-personal relationship which would establish as well as develop progressively an ability of understanding and workmanship with our medical doctors, or Registered Nurses, or doctors of dental science, in some instances, as well as our patients with whom we have this wonderful opportunity and responsibility. Our patients in our peculiar situation are both adult and children - the adults in all age brackets and the children in all age development - in medical-surgical situations, in orthopedic situations, in situations of birth anomalies birth problems, because of our affiliation with the Shriners Hospital for Crippled Children, Los Angeles Division. Because our opportunities developed in the outreach when students graduated into areas of obstetrical practice, we felt it was important that we work with our doctors and nurses in a special way in the obstetrical area in the study and understanding of the newborn as well as of the mother. So, in implementing the curriculum we went on to the technical and manual aspect as well. We wanted to prepare the trainee to care for the patients of all ages. We attempted very carefully to see that this was done - not only all ages in medical-surgical situations, but in all conditions, and we no longer made it a disease-centered situation, which is the way all textbooks formerly were printed, but we made the total patient our objective.

In our school, and I think in the Catholic schools as well--in our religious schools, shall we say--we really consider the total patient. That patient is not only a physical person, he is not only an intellectual person, not only social in all its ramifications, but also a spiritual person in a very deep sense. We find often, when one is ill, one begins to think in the old primitive manner of thinking, "Is it because of sin that this awful calamity has come upon me?" So, we prepare our students to have a broad concept in their understanding and approach the total patient care in all conditions. We have found wonderful new textbooks that approach all the systems of the body (we can't say a person is a cardio-vascular, or a muscular-skeletal.)

Then we went on in our implementation. It is sometimes very difficult when one gets enthusiastic about something - and we really become enthusiastic in our school. First, some of the instructors were against this whole thing - the change - and I said, "You are nothing but a bunch of old maids." Now, my name is Miss Soubirou, but I really defy anyone to label me like that. Anyway, we went on and we really felt that we had to change this somewhat. Essentially, this was the outline of change--now, factually, how did we do it. We settled down to developing textbooks, to improving methods, to re-outlining - we really worked - it took us approximately four months of planning to feel satisfied that we had something that would be honorable, honest, challenging, building on the law and on our philosophy as a school. We wanted not only to bring young men and women into a program to learn, but we also wanted them to be able to go out to teach, because I believe that is what vocational nurses do - they are going on and on in that sort of program. We knew how to do it then, and we came to know that in developing it, it had to be factual. So, we took care of the exact hours, we took care of the exact facts, and we began our development.

We worked first with textbooks. We wanted textbooks that would enable us to do this kind of task on the law, on our philosophies, on a challenging level, and yet that would be simplified and meaningful, and in the end would give to us a rounded picture of vocational nursing with which we would be satisfied. I thank our State Board people for their consulting and for their help in this area. We did take basic nursing (the fundamentals of nursing) and developed it. We didn't give profound courses in hygiene, but we have what we call a 3-semester program that is developmental. In the beginning we had personal hygiene, mental and physical, and then we went on from that into community hygiene, as we in our problem in our essential situation would meet it in the remote areas of the world. I didn't know a lot about that remoteness until I recently made a trip around the world - saw my graduates in 24 countries - saw them using missionary medicine, as we call it in our school - saw them essentially practicing as vocational nurses. And in India, American citizens have been given visas to enter that country because they have a license from the State of California in Vocational Nursing - so we like vocational nursing. In each person there was essentially something that was more predominant. In a very wonderful way we were able to develop this as we were told and as the law read. We would have a doctor give a lecture to our men and women who, in many cases, are older than some of your students in that they are college or Bible school graduates in most cases. A doctor would give a lecture on some aspect of the system, and a nursing instructor would then give a practical demonstration of some equipment that might be used in caring for a patient in that condition. Then we would go into the wards with case-study assignments, patient-centered assignments, etc. This is the technical and manual situation.

We kept within the law regarding the school week, but that was difficult when you have students who want to learn. We were studying in our different sections these past few days something about what do you do. What do we do - some of our students go so far ahead of our instructors that the instructors come to me and say, "What will I do--this man graduated Phi Beta Kappa or magna cum laude from the university?" When one of my nurses said, "What will I do?" I said, "Go back to school." Funny thing, she did go back to school, and she is here today.

We need to evaluate; and you know if you are in a college, junior college, or whatever the school might be, you need to fit into the climate of your circumstance. If that circumstance is a school situation, you want midterms and finals; you want report cards, and you want grades but, most of all, you want an essential professional evaluation scale; you want a criteria that will fit; you want something that will be honest and effective, something the student will understand, something that will enable you to build upon the foundation where that student is. So, we met the law. But, in developing textbooks, we developed the simplified and yet with a reference to the more involved. For instance, in "Introduction to Medical-Surgical Nursing" we have a simple textbook; we are using SIMPLIFIED NURSING as a basic textbook, and yet some of our students found delight in using Gray's Anatomy and many of the other reference books that are in our library.

In implementing the program in obstetrical nursing, we didn't want to limit what our doctors might give; we have three men who teach by lecture and a nurse who follows through by exact nursing principle and practice. Then we have a marvelous opportunity in the Hollywood Presbyterian Hospital in practice and in our learning situations, and in case study - not only of the mother, but also of the newborn infant. So, the implementation academically was an implementation of the law transferred into classroom scheduling and planning. We require that each teacher write out a full lesson plan for every day for every class that is taught in the classroom. We require this in order that we might see the whole year at once. It was a wonderful way for us to do it, although it was terribly hard at the beginning. We could then see, at a glance, the entire program. We could see how each would correlate, would build upon that which had gone before. This lesson plan not only had lesson title and instructor's reading, but also student reading assignments, laboratory assignments and lesson objectives. For instance, we'll take something simple in Basic Nursing. The lesson title was "The Patient's Hospital Environment." This was Lecture No. 2 at the very beginning of the school year. We wanted the student to know the patient's environment, and so the student had to read from manuals and textbooks, and the lesson plan went along to introduce medical terms to define it, to describe environmental factors, to explain circumstances and situations that the student might observe. The essential objective was to develop an understanding of friendliness. You say, surely they understood that already. They were to learn environmental factors relating to health, not just their own personal health, but they were to transfer it to other circumstances and develop an awareness for safety for patient and self. It was a tremendous objective, but this was in one simple lesson. So, as we implemented the academic program we did it as a year-round plan, and with the exact small preparation for every day within the plan, and for every area. This necessitated reporting. This necessitated a great deal of play-back, so to speak, not only on the part of the instructor, but on the part of the hospital, instructors, on the part of students - so students and staff would be making reports. To follow along to implement the law further, the periodic reporting became more exact--a daily reporting, a weekly reporting, a monthly reporting, a mid-semester reporting, a semester reporting, and all of this evaluated in its proper area.

We feel the implementing academically can be done if you will see the law built on your philosophy and develop your curriculum within the law and do it on the over-all total picture, being willing to be flexible enough to adjust and change as you go along. From time to time, as we used special films of instruction, or as we would go into the classroom to observe what was going on we would note that occasionally there was deviation. I would always encourage an instructor that it is all right to deviate, but write it out so we will know what we did and what was accomplished by it, and how we might even develop the future program with a little alteration in order to compensate or adjust to the deviation. So, the academics are possible if we build on the law and accept a philosophy on which we can build.

SECTION MEETINGS

Wednesday Afternoon - April 10, 1963

SECTION XIII - LEONIE SOUBIROU

Implementing the Curriculum

1. Need approval of Law (All members from approved schools)
2. Don't discuss philosophy here today
3. Inter-personal relations of utmost importance
4. A dental affiliation discussed
   a. Grossmont - Dentistry, implement with EENT course in last part of term
   b. Biola - Dentistry needed for jungle medicine
5. Are M.D.'s needed to implement curriculum?
   It was decided, No. The nurse is the teacher. M.D. needed for inspiration, etc. (Use M.D. only if he has outlined idea of facts needed.) M.D. should also be on Advisory Board. Good inter-personal relationships with M.D. essential
6. Good for student to feel part of team by knowing M.D.
7. M.D. should know what LVN program consists of
8. Change over, i.e. students on ward quickly - results:
   a. Less tension and fear
   b. More interest with practical application
   c. Too much abstract
   d. Class more meaningful with experience
   e. Fewer drops
9. Cut classroom time
   a. Incorporate diseases into body systems
   b. Fundamentals - Grossmont - in orientation
   c. Hygiene
      1. Begin with student to make meaningful
      2. Begin with well person then sick person
   d. With students - halitosis, bathing, nails, posture, exercise, and apply nursing principles to all these
   e. Good elimination and nutrition
   f. Teacher must do what she teaches - make students do what they will do
   g. Nutrition - student makes plan for own meals - one time early and one time late in year
10. Prevention of accident
    Medical-Surgical
11. Asepsis - All irrigation - hand washing - heat and cold application
12. Observation - Ask student about his own appearance - begin with position - let student get into bed - observe behavior, conversation
13. Utilize patient contact - communication, i.e. difference Clark Gable's death vs. anyone dying

14. Method of arranging weekly program discussed.
    Biola presented their set-up for fundamentals
    a. All body systems with diseases
    b. Reviewed all age groups
    c. Very early procedures - first month
15. Irrigations - all done
    a. One time - more effective
16. Return demonstrations discussed - found to be ideal - not enough time or staff
17. Associating nutrition with enemas in teaching
18. Give teacher system which she likes
19. Living-in of students discussed
20. Discuss psychiatric technician problems in conference - students quiz one another
21. New program works better - the fact of putting students on ward within three weeks
22. 1-15 ratio discussed - initial weeks most difficult - need more supervision
23. Tea, coffee breaks implemented
24. Films, screening of such discussed
    a. LVN's need own film library - especially screening and recommending good films
25. Biola uses 8 hour work day first weeks
26. How 8-hour day spent in hospital
    a. All students in each section - med., surg., peds., ob., ortho.
    b. Initial weeks spent in observation
    c. Languages considered when assigning patients
27. College programs - have trouble working clinical with classes (Riverside)
    Santa Barbara - more flexible classes according to VN staff
    a. Registrar's duty to get specified hours (college affiliation)
28. Facilities discussed - desk, class, locker space
29. Change in medical-surgical implementation
    a. From disease system
    b. New texts going this trend
30. Nursing care plan - case study discussed (Biola)
31. What texts used?
    To own - Simplified - Nursing - Medical-Surgical - Shafer
        Essentials of Pediatrics)
        Nutrition)
        Nursing Elderly)
        Human Relations) (Reference Books)
        Tabers (GOOD))
        OB Delivery)
        Harmer and Henderson)
32. Challenge student to broader view
33. Recommend workshop for teaching aids in near future
34. Various good films discussed - drug co. and resource co.
35. Need to consolidate with film company, publishers and with all schools in state to get appropriate materials
36. Ciba slide used

SECTION XIV - LAURA LOOPER

Implementing the curriculum

Time for students to study at the clinic
1. Students arrange own time during period
2. Arrange specific study time 1-2 hours during the week

Time for teacher and students to study-prepare

Talk about AA degree in Vocational Nursing - Good
Need administrative assistance and backing
Students may get an AA in same junior college in Liberal Arts, but not stated as V.N. AA

Giving of medications - discussing pro and con
Agreed if V.N. is going to work and give medicines, should be taught to do all (narcotics, etc.) The new law appears to cover this and perhaps we need to quote and educate administrators of hospitals regarding this.

Teaching theory - all the way through all areas, all class, making them part of the campus.

R.N. program students are going into the State Board Exam. and taking the LVN examination at their 2nd year to enable them to work as LVN. How come? Why? Where?
Doesn't this change the cut-off point of the test?

Semester Program

What about male students - How can we motivate more to the program - how can we use them.

What about the difference between the levels, 1 year, 2 year, 4 year. Are we increasing the "demand education" too high, too deep, that each one becomes closer to the next program rather than completeness general of good bedside total patient care. Where, who, and how can we put a "lid" on this?

The feeling of the group was that as vocational nurse educators we should explore and put a lid on by forcing hospital administrators and college administrators to come to an understanding and knowledge of this problem.

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SECTION XV - EVELYN CHAMBERLIN

Methods of Implementation of Curriculum

1. Implementation is an on-going continuous process
2. Where can new teachers or directors seek help
   - a. Board Consultant
   - b. Other programs
   - c. Interpretation of the new curriculum
3. How many students finish AA degree? No percentages available.
4. Necessary to work within the framework which exists - this takes rapport with administrators and an understanding of the law.
5. Methods of implementing the program is done through extensive program planning and relating the instruction with total patient care.
6. Home care implementation was discussed in relation to the needs of the community.
7. Graduates are reported to function well in the visiting nurse situations.
8. Some programs utilize Red Cross Home Nursing for some experience.
9. How the total patient care, including medications, is accomplished.
10. Importance of related areas such as emergency room, recovery room, diet kitchen, etc.

CONCLUSION: The experience depends on the learning situation.

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SECTION XVI - GRACE MITTS

Implementing the curriculum

1-15 ratio impossible with new curriculum
  Schools do not understand clinical area
  Principals to observe conditions and scattering of students - do not understand our point of view
  L.V.N. needs more supervision than R.N.
Want Board to change writing of the Law

Slip passed here - convention to have this law re-written
    We see need for more teachers but public schools feel too expensive

Patient-care and increase in R.N. duties - less ability of anyone to help

We are judges in supervision of our student in relation to R.N. student who has one instructor per five students
    Pacific Union College has four students per one patient (R.N. program) also done elsewhere

    A LVN program uses this method with five to one patient
      1 - tmt., 1 - research, 1 bath, 1 - ?

    Suggest home care nursing to supplement so many at bedside

How to meet transfer from another school when systems taught in different order?
- Board's permission to transfer
- Use own discretion as to amount of credit you give
- Use types of testing
- Some schools do not accept at all
- Have start at time of new class or new schedule
- Inform student at beginning of schooling
- Individual arrangement with accepting school
- Student one who suffers - should know when start
- National League may be able to help with inter-state
- N.L.N. achievement test 1 and 2
    - Send for - must return
    - Good to use

Obstetrical experience

1. Place this service last to make allowances for dropouts
2. Divide class into three groups
    - 12 or less students in each
    - 1 block obs. & nursery)
    - 1 block in medical) rotate blocks all at once
    - 1 block in surgery)
3. Leave students in area until feel they know
    - Rotate for second time later
    - 3 semesters advantage
        - Gives a few extra weeks time
        - Summers off
        - Hospital will employ as aid

Home care
P.H.N. cannot supervise unless qualified with Vocational A Credential

Affiliate with several hospitals
1 teacher at each hospital
When one class has obstetrics all students in every hospital go to obstetrics at that time

M.D.T.A.
Separate staff for this program
Same rules as L.V.N.
Department of Employment
Selects student group
G.A.T.B. test
Students 19-21 $20.00 per week - 42 per week widow with child unemployed with husband - uniforms, etc., paid
Economical qualifications

Must take student sent by Welfare
cannot choose nor refuse
May drop - depends upon local unemployment bureau - they decide if able to drop
Detailed reports to welfare may allow dropouts

State Board recommends

Law - Acquaint Unemployment office with this
Must have 10th grade to pass State Board - 8th grade not enough
No mental problems or dope addicts
Screening should be better

Give State Board Achievement test and grade
Report to Department of Employment
Good if cooperative

Falsification of application more serious than in jail if tell State Board.

Poor quality in this program
Difficult to prove as may be good in testing and morals low
School has final say so.
Must successfully complete course
Principal may be A.D.A. minded
Use safety angle for dropout

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GENERAL SESSION

Thursday Morning - April 11, 1963

SUMMARY

TOPIC - IMPLICATIONS FOR THE FUTURE

Helen K. Powers, R.N., Chief
Practical Nurse Education Section
Division of Vocational and Technical Education
U. S. Office of Education

I was asked to do a summarization of the workshop and then to look into the crystal ball and make a few remarks about where we might be heading. I believe that we have really had our minds stretched a little, if you will allow me to use that phrase, and that we will be unable to return home with our minds in exactly the same situation that they were when we left home. Many things are going to look a little different to us when we return to the desk, the classroom, the clinical area where we are teaching and quite possibly some of us will subconsciously put into effect some of the ideas that we have gathered here this week. Others will be mulling over and working with these ideas for quite some time to come, but I believe that we will be seeing some changes.

On the opening day of our conference we were given a broad spectrum through which to look at vocational education by Mr. Wesley P. Smith, who made one of the most pertinent presentations with which one could open a workshop. We were asked to look directly at those factors which we must consider in every aspect of program development and which we needed to look at in each of the sessions that followed - the seven factors which are characteristic of good vocational education.

We wonder about the future in this age of "rocketry, radiation, and rehabilitation," of "alcoholism, aging, air pollution, and accidents." Regardless of these cliches, I believe that we are in an age when there truly is a race on, a race between education and catastrophe. We have almost seen that catastrophe in nursing where we have felt ourselves on the brink of it for many years. Each of us is dedicated to trying, through education, to make it impossible for that catastrophe to occur. The catastrophe I am talking about is the disappearance of the art of nursing - one of the arts which is essential to the health and welfare of mankind. We are directing our efforts toward preparation of one kind of nurse needed. You know, my faith is really renewed after a few days in a workshop such as this. With the dedicated purpose which has been shown here in these several days, I believe that nothing terrible could happen to nursing. As long as we keep working at it, honestly and with integrity, I see less possibility that nursing as we know it could disappear.

Some very interesting observations were made on the concern of hospital administrators and other employers of nurses regarding the quality of education for the vocational nurse, and on the need for her services in our present society. It makes us feel good to hear that people endorse our program, but, while we like praise and we accept praise, we will continue to look critically at our program. That is exactly what we did, to some degree, in these sessions. A review of the development of vocational nursing leaves us with the impression that vocational nurse education is at a very tender age. Some of the major problems in this field of training today include accreditation; the need for training in care of the mentally ill; the importance of improving relationships between professional nurses and vocational licensed nurses; the need for improving the skills of professional nurses who are to supervise and direct the graduates from our programs; and our dilemma in teacher preparation, both pre-service and in-service. Then we leveled a broadside at the state boards for nursing and the need for more flexible standards! And the state board for nursing came back very nicely in its reply, showing us what they are doing in helping us to see their standards as being flexible enough for us to work under them. We were speaking of the need nationally to recognize that this program is under the auspices of education agencies, and that these education agencies have a commitment and a responsibility. They cannot permit another agency, however fine or excellent the purposes or intentions of that other agency might be, to establish the philosophy and objectives for the schools. The school must be free to develop it's own programs. The only way that education can serve a free society is for education to remain free.

Student selection techniques have been improved considerably but continue to present problems. We were talking about student selection and we discussed philosophy and our program objectives, and their relationship to the type of student we select; we spoke about some of the needs of students, other than those in the vocational nurse education program. In the discussion groups we brought out many of the various techniques used in recruiting and selecting students. The group activity, I am sure, was as valuable as the panel presentation. We learned that evaluating our techniques for student selection, and improving them, is a job that is never done. Regardless of the number of types of selection devices used, the skill needed in using these devices to a large degree will determine their effectiveness.

In discussing teaching techniques, emphasis was placed on the need to help our students develop skills in observation. Students must have the ability to observe and to know what they are observing. The need for students to be able to assess nursing needs, and their need to know how to nurse, requires teaching techniques that will develop in the student these skills. The need for students to develop problem-solving ability was emphasized. Some of us may still question whether these students are capable of problem-solving and what should be their level of ability in problem-solving. Many of you will try in the months ahead to explore this and determine just what kind of abilities in this area the students will have to have.

Dr. Briggs gave us an excellent thumbnail sketch on accreditation, its development in this country, and the role of the National Commission on Accreditation. This Commission was established when federal funds were being made available for veteran training during the last World War. To facilitate the allocation of federal training funds, national standards for various curriculums were needed. It became obvious that we needed not only accrediting agencies but also an agency to accredit the accrediting agencies! This is the major function of the National Commission on Accreditation. Many of you know, but it may be worthwhile to repeat, that among the agencies approved by the National Commission on Accreditation, one organization has been approved for accrediting nursing education programs. That organization, of course, is the National League for Nursing. It was approved because it meets all the criteria set up by the National Commission on Accreditation. To find out what those criteria are, write to the National Commission on Accreditation, Washington 25, D. C., and request their pamphlet which lists the criteria for the approval of an accrediting agency. The NLN has been designated as the accrediting agency in nursing by the American Nurses Association (the official membership agency for R.N.'s) and the National Federation for Licensed Practical Nurses (the official membership agency for LVN's). Through Board action both organizations designated the NLN as the accrediting agency to be recognized in nursing education.

We were given a most interesting, educational, and informative discussion on evaluation. Our speaker emphasized the importance of program objectives. She told us that philosophy and objectives in our programs are like a compass. If the compass is working properly, the ship can find its way across the ocean, the plane can find its way through the air, the rocket can find its way through outer space. We who are working in schools of vocational nursing need a "compass" in our programs at all times. If our philosophy and objectives are sound, they will point the direction provided we use them.

Sister Mary Anita described the role of the State Board for Nursing in relation to accreditation. The State Board for Nursing establishes minimum standards for all schools of vocational nursing. This Board's provisions do not prevent a school from setting standards above the minimum. She also quoted one of my favorite poets, Robert Frost. He had something to say on education that may interest you too. "Education," Robert Frost said, "is the ability to listen to almost anything without losing your temper or your self-confidence." Education frees the mind - "frees", not "freeze." Some people appear to have a mind that is frozen, but education should have the opposite effect.

Some of you have expressed grave concern over content in the curriculum and about the need for ways to determine the essential learning experiences for students. May I offer a few words of caution--in our efforts to prepare a worker who can do everything the employer wants the worker to do, we are developing a disease in our training program known as "obesity of the curriculum." You all know what obesity is. We must find some way to get the curriculum on a sensible health producing diet. Unnecessary learnings in the curriculum are like the excess calories that some of us find difficulty in omitting. Furthermore, unnecessary learnings tend to lengthen the curriculum, overwork the teachers, and confuse the students. It is difficult to pinpoint the objectives of the curriculum when we crowd it with all types of learnings that we would like to have in it, which we think are good for the student. They may be, but let's get back to the vocational philosophy on which our educational programs are built - we are preparing a worker to enter upon an occupation. It is not our job to provide every skill that this individual will be called upon to use. Notwithstanding the attacks that are made upon vocational education for not being more general than vocational, we can be proud of the work we have done in vocational education. We are producing a person who can do and can fill an important job. Our students cannot be expected to write a master's level thesis on a subject; perhaps they have great difficulty in composing a letter; or they may have difficulty in other ways; but if they can do well the job they are trained to do, then we have fulfilled our function as educators in this program. The worker has a lifetime in which to be educated and there are many sources of continuing education in communities--sources that are not even known to many of our students and all too seldom used by our adult population. What happens when we continue to fill the curriculum with those things which we think would be nice for the individual to have? We usually have to lengthen the program and, when you lengthen a program, you decrease the productivity of your program. Vocational nursing needs many, many thousands of well-trained workers. If we reach the goal that was set by the Surgeon General's Consultant Group on Nursing, we will need to more than double our present program. If you will look at our progress since 1956, graduations have increased from about 9,000 a year up to a little over 17,000. To more than double what we are doing now will take every resource that we can bring to bear on this program. Can we afford to lengthen it? On the other hand, should we lengthen it? To arbitrarily make such a decision would be unwise, to say the least.

A study of vocational nurse education will probably be done in the near future. The Surgeon General's Consultant Group recommended that a study of all basic nursing education programs be made to determine what the best method, or methods, would be for preparing nurses. Vocational nurse educators have an important role to play in any such study. There will need to be participation by all groups in nursing.

The question period last evening showed us that there was much for us to learn from our State Boards for Nursing. The staff of the State Board can give us inestimable help in designing or revising our curriculum, in developing objectives for the various course units, as well as for the total program, and in identifying weaknesses in our instructional program. As the discussion moved on, new problems were identified and questions were raised. Considerable interest was expressed in the Manpower Development and Training Act of 1962. With the passage of the Manpower Act, an opportunity was created for all of vocational education, and for vocational nurse education, to have additional funds to develop programs in communities where other funds were in short supply. Several preparatory programs for practical nursing have been approved.

While the Manpower program may appear to have a great many problems that are inherent in this type of program, this is your legislators' way of giving you additional assistance in developing vocational education. This bill, as all others, is a mandate to career employees in the federal government to find ways to make this bill serve the needs of the people. We have a very difficult time, sometimes, in getting a program started because we tend to look at the unfavorable events or the failures in a program before we begin to focus on the advantages that the program might hold. I can remember back in 1956 when the program under Title II was launched. People had great misgivings about federal financing of practical nurse education, and we had some very difficult times before the program really got started. The same thing is true about the Act that I am talking about, the Manpower Development and Training Act. The professional associations in nursing have expressed not only concern, but have given considerable help to state associations in guiding them in ways they might assist in doing two things (1) help those to whom funds are allocated to make use of them in a sound way, and (2) make certain that the standards for education in the nursing field are maintained. Sometimes those two objectives seem difficult to achieve but that is what is expected. Some of us are involved in programs using Manpower Development and Training funds, and we are going to be more involved in them in the future because the program has only started; it has had less than a year of operation and has made only a very small beginning. We will have a great many more programs. Those of you who are not at the moment particularly interested or concerned may find yourselves next year greatly involved in programs using funds under this Act. As it was pointed out, it is a way of financing, it changes nothing whatsoever, except the paper work. It changes nothing in the standards in your program or in the way in which you develop a program. You develop them exactly the way you have been doing, or by incorporating any improvements that are necessary. It is not a short-cut to program development; it is a means of financing additional quality programs.

Now if I were to do some crystal ball gazing, I might find it difficult and dangerous. I do not have a crystal ball. I am unlike Cassandra, the daughter of Priam in Troy, who was Apollo's girl friend. He gave her the gift of prophesy and she could foretell everything that was going to happen. Having gotten the gift, like many women, she began to tease Apollo. Apollo didn't like this. He said to himself, "I can't take her gift away from her, but I can give her another that she won't like - I won't allow anybody to believe her." So, here was Cassandra with a wonderful gift that was useless to her. You remember what happened--Cassandra told her father about the plan of attack on Troy, about the Trojan Horse that would be given to them as a gift, but nobody believed her, and thus Troy was destroyed. I am somewhat in the same position as Cassandra; if I prophesy, I wonder who will believe it? No one could have attended this workshop and go home unchanged, so I am safe in prophesying that there will be change, that each of you will find new ways, when you go home, to attack some of the problems that you left there when you came to Fresno.

The implications of discussions in this workshop for programs of vocational nurse education are many. You will go home and do a better job of selecting students. I think you will look at your philosophy and objectives again and attempt to define them--attempt to bring them on course, so to speak. You will re-examine the qualifications of your faculty, individually, and while we have in this room probably one of the best qualified groups in vocational nurse education, none of us in vocational education is satisfied with the status quo. When we do not plan for our continuing education, we stagnate. No one stands still; either we progress or we slip backwards. I heard some recommendations last night being made with regard to another workshop with certain objectives to be achieved in it, and some specific problems to be resolved, which would help in improving the program. We will carry home some new ideas about evaluating our programs, the necessity for it, the fact that it is a continuing process. We will develop some new techniques that involve new standards for the education of the vocational nurse. We will take a new look at our roles as vocational educators in our community. As a vocational educator, you are many things. You are women, you are nurses, and you are professional nurses; you are vocational educators, and you are important citizens in your community. You are not people who should sit back and wait for someone to tell you in what direction you should go - you are the people who know and use the resources, who will bring together groups to help you determine the direction. At the same time, you are leaders in your community, and have a responsibility for promoting programs to meet training needs and, particularly, the needs for training for the health services. If you do not do it, if you do not participate in it, I wonder how sound it will be; and if you are not a part of it, I am concerned for your growth in the community, and I am concerned for the place your program will have in the community.

I am fascinated by the role that our vocational nurse educators are assuming in many areas. Professional nurses in vocational education are being more and more called upon to advise, to give assistance in the development of all types of training programs, not only for people in nursing, but for people in all types of health services. I am concerned that we may become so involved in our individual problems in our vocational nursing programs that we may overlook the larger problem that is facing our nation and that affects every community.

We use such terms as population explosion, unemployment, and "schizophrenia" of our communities. (Community schizophrenia is a term coined by one of our large-city school administrators, who said that the teacher was lucky in his school if he found, at the end of the first month, the same students in his room that started at the beginning of the year.) The population movement within a city is so great that a teacher out of school for a month may not know a single student in her classroom when she returns. So, community schizophrenia is something that concerns our educators and which also affects you in your program.

Unemployment figures range from four to nearly seven per cent of the working population; the health occupations represent a very large segment of this working population. One in every thirty people is working in the health services. We have a pretty big job facing us since nursing represents the largest percentage of those in the health field. If we as vocational educators are going to limit ourselves to the small world of vocational nursing, we are certainly not going to rise to the full responsibility that we have as professional women, as educators, and as citizens.

In some few communities we are seeing some very interesting developments spearheaded by vocational nurse educators. We find training centers developed in which there is a constellation of occupational training offered - not merely vocational nursing. For example, in Springfield, Massachusetts, the trade school has a center for health service occupations training. At first, vocational nurse training was the only offering in the center, and then training was added for dental assistants, and then for medical assistants to work in doctors' offices, and, lastly, a program to train operating room assistants. Later, a teacher to assist in the training of hospital aides was added. The school is now exploring the possibility of adding training programs for several other types of assistants for the health field. We found the same type of center developing in one of the area schools in Georgia where men and women who are interested in health service occupations can have a choice among several training programs. Placement of these applicants in such a center can come closer to 100 per cent. Centers such as these will develop under the leadership of vocational nurse educators. Planning will be on a community-wide basis, bringing in many groups who have not been concerned before with vocational education. It could provide a continuing supply of many types of workers that just can't be found today. It might achieve the goal of getting together the untrained person and the job that is unfilled through such training centers.

As a vocational educator it is sometimes a little difficult to identify your two roles - that of nurse and of educator. Evidence of confusion in your role is seen when, sometimes, you nurse your students instead of teaching them. Sometimes you, the teacher, go to the clinical area and nurse the patients instead of teaching the students how to nurse. Even in the curriculum, your role of nurse is often reflected rather than your teaching role. As vocational educators we must keep our various roles clearly in mind, and for very important reasons; for example, when you are formulating agreements with health agencies, wear your vocational education "hat," not your nurses'"hat." Very often the practices that are established reflect that it was the nurse who was talking rather than the vocational educator! Keep in mind, clearly, that the health agencies' role is to provide care to patients. Your role is to train the best nurse you can produce in the program. We need to understand both roles thoroughly and use both properly.

The role of the vocational nurse educator is a demanding one, and a very satisfying one if we accept it and live it fully.

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